

**PARENT PERMISSION – Emergency Authorization & Swimming Waiver**

**Emergency Authorization**

My child, \_\_\_\_\_, has my permission to participate in the activities of **Fairport Crew Club, Inc (FCC)**.

I understand that the **FCC** does not carry health insurance and I am responsible for any/all health incurred costs. I also grant the coach/chaperone in attendance full authority to take whatever action they deem necessary regarding my child's health and safety, and I fully release the **FCC** from any liability in connection with those decisions.

In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by the coach/chaperone in attendance to hospitalize and to secure treatment for my child. My child named above has permission and physician clearance to engage in all rowing events.

Insurance Company: \_\_\_\_\_

Insurance Company Policy Number: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

I hereby, for myself and for my family, my heirs, executors and administrators, waive and release any and all rights and claims against **FCC** or their respective agents, for any and all injuries which may be suffered by my child in connection with his/her participation in any of the activities, or the use of facilities and/or equipment utilized by **FCC**.

This form will be signed yearly as long as my child is participating in the FCC and will stay in effect unless rescinded in writing to the Registrar.

**Swimming Waiver** My child, \_\_\_\_\_, can swim 250 meters and, while clothed, can tread water for at least 10 minutes.

I, \_\_\_\_\_, agree to and understand all of the above:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_