

Bayshore Owners Association
LIFEGUARD SWIM
AND CONSENT FOR MEDICAL CARE

Name of Child: _____ Birthdate: _____ Age: _____

Mother/Co-Parent/Guardian circle one	Father/Co-Parent/Guardian circle one
Mailing Address	Mailing Address
City/State/Zip	City/State/Zip
Home Phone Cell/beeper	Home Phone Cell/Beeper
Email (very important)	

Adult emergency contacts should I not be reached immediately in case of emergency (please list two).

- 1) _____
- 2) _____

The undersigned understands that there are inherent risks associated with swimming activities; and, knowing, that expressly give permission for the above to participate in lifeguard swim at Bayshore Clubhouse.

The undersigned agrees to indemnify, defend, save, and hold harmless the Bayshore Owners Association from any claim, lawsuit, or liability, including attorney fees and costs, allegedly arising out of loss, damage or injury to myself or child in connection with Association activities.

Further, this authorizes Bayshore Owners Association to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for the child hereinabove listed in the event I cannot be contacted immediately. I understand that every effort will be made to locate me or my child's other parent or legal guardian as soon as possible. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care. This authorization will remain in effect as long as my child participates in activities at Bayshore Clubhouse.

X Signature of Parent or Legal Guardian _____ Date _____

Printed name: _____

Bayshore Clubhouse
 3131 Amber Bay Loop, Anchorage, Alaska 99515
 susan@bayshoreclub.org (907) 344-0539 phone

Drop off at Clubhouse at 3131 Amber Bay Loop or
FAX to 344-0810