



Emergency Medical Treatment Consent



Participant Name:	_____
Participant Date of Birth:	_____
Telephone Number:	_____
Email address:	_____
*Parent/Guardian Name:	_____
Parent/Guardian Email address:	_____

**(If the Participant is younger than 19 years old)*

This Consent must be signed by the Participant and/or the Participant’s parent/guardian (if applicable, when the Participant is younger than 19 years old) prior to participation. The Participant acknowledges and agrees to the terms outlined in this Consent. When applicable, the Participant’s parent/guardian acknowledges and agrees to the terms on behalf of the Participant.

Please check one box below:

- DOES CONSENT:** The Participant hereby **CONSENTS AND GIVES** permission to the representatives, officials, and coaches of British Columbia Artistic Swimming and any or all clubs with which the Participant is duly registered to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

If the **DOES CONSENT** box is checked, the Participant understands that the representatives, officials, and coaches of British Columbia Artistic Swimming and any or all clubs with which the Participant is duly registered will make every reasonable effort, in the circumstances, to contact the Participant’s emergency contact regarding the Participant’s medical status in the event an emergency arises. If the Participant’s emergency contact cannot be reached in an emergency, the Participant hereby gives their permission to the licensed physician, dentist, athletic therapist, nurse, or other medical professional whose services might be required to provide medical care and treatment.

- DOES NOT CONSENT:** The Participant hereby **DOES NOT** give permission to the representatives, officials, and coaches of British Columbia Artistic Swimming and any or all clubs with which the Participant is duly registered to make decisions concerning medical care and treatment, or to authorize such care and treatment in emergency situations.

If consent is not being provided, please indicate reasons why:

If the **DOES NOT CONSENT** box is checked, the Participant agrees and undertakes that if the Participant is younger than 19 years old, the Participant will be always required to have a parent/guardian attend all swimming activities in which there is no lifeguards, or first responders present to provide medical treatment if necessary.



By signing below, the Participant indicates that the Participant is fully informed as to the contents of this Consent and understands, if consent is granted, the full import of this grant of powers to the representatives, officials, and coaches of British Columbia Artistic Swimming.

Participant Name:

Please PRINT

Parent/Guardian Name:

if Participant is a minor

Signature:

(Participant or Parent/Guardian if individual is a minor)

Date:

(dd/mm/yy)