

Masters Swimming Information & Health History Form

All Information Given Is Personal And Confidential. The Information Will Enable Us To Determine Clearance To Participate In Activity. Participant Takes Full Responsibility To Any Inaccurate Information Given. Please Print!

Name: _____ Sex M F

Date Of Birth _____ / _____ / _____ Age: _____

Address: _____ City _____ Zip _____

Phone: __ (____) _____ Home Work Mobile

Email: _____ @ _____ ● _____

Emergency Contact: _____ (____) _____
Name Phone

Swimming Ability: Beginner Intermediate Advanced Competitive

What Are Your Swimming Related Goals? (Triathlon, Competitive Masters, General Fitness Etc.)

Health History - All Information Is Confidential.

Do You Have Known Heart, Vascular, Lung, Liver, Kidney Or Thyroid Disease?? ___No ___Yes
If Yes, Please Explain. _____

Do You Ever Experience: Shortness Of Breath Dizziness/Fainting Difficult/Labored/Painful Breathing
 Irregular Rapid Pulse/Heart Rate Pain/Discomfort/Tightness/ Numbness In The Chest

Are You Currently Taking Medication? ___No ___Yes If Yes, Please List & Explain. _____

Have You Ever Been Diagnosed With Or Had/Have The Following? (Circle Those That Apply): High Cholesterol
Heart Attack Hepatitis Heart Surgery Coronary Artery Disease Angina Hypertension Heart Murmur
Asthma Bronchitis Stroke Anemia Cancer Osteoporosis Emphysema Allergies Diabetes
Seizures Arthritis Eating Disorders Epilepsy Blood Disease Bone/Joint Injuries High Blood Pressure
Others Not Listed: _____

Have Your First-Degree Relatives (Parents, Sisters, Brothers, Or Children) Developed Heart Disease Or Died At An Early Age (Before 55 If Male; Before 65 If Female)? ___No ___Yes If Yes, Please Explain.

Do You Smoke? ___No ___Yes Do You Have A Sedentary Lifestyle? ___No ___Yes

Are You Or "Could" You Be Pregnant? ___No ___Yes

Do You Take Any Supplements? ___No ___Yes If Yes, Please List Here. _____

Are You Currently Under Medical Care? ___No ___Yes If Yes, Please Explain. _____

Do You Know Of Any Other Reason Why You Should Not Do Physical Activities? ___No ___Yes,
If Yes, Please Explain. _____

My Signature Certifies That All Of The Above Is True.

Participant: _____ Date _____

Monona Grove Pool Masters Swimming Waiver

HOLD HARMLESS AND INDEMNIFICATION: The undersigned applicant agrees to abide by all rules, regulations, and policies of the Monona Grove School District Board of Education regarding the use of facilities or equipment to be used as hereinafter described. The undersigned does further agree to hold harmless and indemnify the Monona Grove School District from any and all claims of negligence - including death, losses, damages, actions, causes of actions and liabilities of any kind or nature whatsoever which are directly or indirectly related to the use of the facilities or equipment described herein by the undersigned and any guests, friends, or invitee's which result in injury or loss of property to any person using the facilities or equipment herein described.

The undersigned does further waive any and all claims of negligence - including death, losses, damages, or liabilities related to the condition of the premises or equipment to be used and may be asked to carry liability insurance in an amount approved by the Monona Grove School District, adding the Monona Grove School District as an additional insured. The undersigned agrees to handle, respond to, investigate and defend, at its sole expense, any claim or alleged claim made against the Monona Grove School District, its board members, employees, officials, officers, agents, or agents' employees, arising out of the conduct of the undersigned's operations and/or use of the premises. The undersigned shall bear all other costs and expenses related thereto.

Signature

Date

Printed Name

**Monona Grove Pool
4400 Monona Drive
Monona, WI 53716**