

DESIGNATED GUARDIAN FORM

I, _____, do hereby designate
(Parent/Natural Guardian)

_____ to act as the Designated Guardian
(Designated Guardian)

for my child, _____ at the
(Athlete)

_____, to be held in
(Swim Team Function/Meet)

_____ from
(City/State of Function/Meet)

_____ to _____
(Date) (Date)

As the Parent/Natural Guardian of _____,
(Athlete)

I hereby authorize _____ to make all decisions concerning
(Designated Guardian)

the medical needs and welfare of my child during the above stated term of this guardianship. If I, or my spouse, are not able to be contacted by my Designated Guardian, my Designated Guardian is hereby authorized and empowered to make any decision concerning my child's medical needs and/or welfare.

We, the Parent/Natural Guardian and the Designated Guardian of the above-stated Athlete, hereby understand and recognize that the designated guardian must supervise the conduct of the Athlete during the term of this guardianship at the swim team function/meet.

NATURAL PARENT/GUARDIAN

DATE

DESIGNATED GUARDIAN

DATE

-OVER-