



Family Name _____

Parent(s)/Guardian(s) Name(s) _____

Name(s) of Child(ren) Swimming (with gender)

_____ M / F Birth date: _____

_____ M / F Birth date: _____

_____ M / F Birth date: _____

_____ M / F Birth date: _____

(NOTE: swimmer's age groups for meets are determined by their age as of Dec. 1, 2008)

Mailing Address _____

City, State Zip _____

Home Phone _____ Cell Phone _____

Preferred Email Address _____

Second Email Address _____

If not available in an Emergency, contact:

1. Name _____ Phone # _____

2. Name _____ Phone # _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to a member of the coaching staff or board to secure and administer necessary treatment, including hospitalization, for the swimmer(s) names above.

Signature of Parent or Guardian: _____ Date: _____

Physician: _____ Phone: _____

Health Insurance Carrier _____

Policy &/or Group # _____

MEDICAL INFORMATION: If there is medical information for your swimmers that our coaches should be aware of, list the pertinent information below or on the reverse side of this form, if needed.

