



Athlete Emergency Contact and Medical and Release Form

Please complete as much of this form as possible (one form per swimmer).

Swimmer Name

(Last, First (GIVEN), Middle): _____

Birthday (month/day/year): _____

Address: _____ City: _____ MI Zip: _____

Phone Number: _____ Gender: _____

Parent/Guardian/Emergency Contact

Mother's/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Phone(H): _____ Phone(W/C): _____

Father's/Guardian Name: _____

Address: _____ (if different than above)

City: _____ Zip: _____

Phone(H): _____ Phone(W/C): _____

In case Parents are not available, please provide a different

Emergency Contact Name: _____

Phone(H): _____ Phone(W/C): _____

Medical Information

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Insurance Co.: _____ Policy Number: _____

DOES THE SWIMMER HAVE: (circle all that apply):

Contact Lenses Allergies Asthma Diabetes Seizure Disorder Bleeding Problems ADHD

Special Needs: Other Health Issues (explain): USE BACK

Current Medications (please list all): USE BACK

Emergency Medical Care: Bulldog Aquatic Club has my permission to seek appropriate emergency medical attention for the above named minor, in the event the designated parties are unavailable. I/We agree to hold Bulldog Aquatic Club, its agents harmless for any liability arising out of any good faith actions taken in seeking and carrying out emergency treatment.

Signature of Parent/Guardian: _____ Date: _____