



Father/Guardian Last Name		Mother/Guardian Last Name	
First Name		First Name	
Home #		Home #	
Mobile #		Mobile #	
Work #		Work #	
Fax #		Fax #	
Address		Address (if different from father)	
City & State		City & State	
Zip Code		Zip Code	
E-Mail – Team correspondence is by e-mail		E-Mail – Team correspondence is by e-mail	

ER Information	Aquajets #1 Highest Swimmer Level		Aquajets #2 2nd Highest Level		Aquajets #3 3rd Highest Level	
Last Name						
Legal First Name (as on birth certificate)						
Middle Initial						
Nickname						
Gender	Male	Female	Male	Female	Male	Female
Date of Birth						
Swim Level						
Known Medical Conditions						
Allergies-Medications/Other						
Current Medications						
Tetanus/DPT Date						
List Any Special Needs						
Glasses/Contacts						
Insurance Carrier						
Policy Number						
Physician Name						
Physician Phone #						
Dentist Name						
Dentist Phone #						
Hospital Preference						
Hospital Phone #						
Alternate Contact Name						
Alternate Contact Phone #						

**** Parent/Guardian Signature Required ****

In the event of an emergency requiring medical attention, Aquajets staff will attempt to contact the parent/guardian first. If an Aquajets representative is unable to reach the parent/guardian, I give permission for my child/children listed above to be taken to the nearest hospital/medical center for emergency treatment. I agree to assume financial responsibility for all costs (medical/transportation). I hereby consent Aquajets to take any emergency measures that are judged necessary for the care and protection of my child, including calling 911. I release Aquajets employees from any and all liability associated with their performance of these responsibilities.

By signing this form, I give my child permission to participate in the Aquajets practices and competitions. I understand that swimming can be a hazardous activity. I recognize there are risks including paralyzing injuries and death. As the participant's parent/guardian, I agree for my children to participate in the Aquajets Swim Team and hereby waive all claims against the Aquajets Swim Team, its officers, board members and coaches from any harm, injury or accident incurred by my child as a result of my child's participation in the Aquajets Swim Team, to the fullest extent allowed by law.

? Circle One: YES NO Photo Waiver I give permission to allow Aquajets to use photos of my children on the Aquajets website. These photos will be submitted to the webmaster and/or news agencies for posting and could be from meets, parties, banquets, etc.

? Circle One: YES NO Phone Book I give permission for our address and phone number to be published in a team phone book.

I have read the above liability release and sign it with full knowledge of its contents and significance.

Parent/Guardian Signature: _____ Date: _____