



Registration & Medical Release

Swimmer 1: _____
First Middle Last

Swimmer's Birthdate: _____ Age Today: _____ Male Female

Current Practice Group (if known): _____

Swimmer 2: _____
First Middle Last

Swimmer's Birthdate: _____ Age Today: _____ Male Female

Current Practice Group (if known): _____

Swimmer 3: _____
First Middle Last

Swimmer's Birthdate: _____ Age Today: _____ Male Female

Current Practice Group (if known): _____

Swimmer 4: _____
First Middle Last

Swimmer's Birthdate: _____ Age Today: _____ Male Female

Current Practice Group (if known): _____

Did your swimmer(s) swim during the 2020-2021 season? Yes No

* If your swimmer did not swim during the 2020-2021 swim season, we will be setting up a day to assess your swimmers skills and determine the appropriate swim group. Coach will contact you once we receive your registration.

Parent(s): _____

Mailing Address: _____

E-Mail: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Medical Information

Doctor/Medical Group: _____ Phone: _____

Insurance: _____ Phone: _____

Allergies/Medical Conditions: _____

Present Medications: _____

Emergency Contact _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Release: In the event that I am unable to be reached in an emergency situation, I grant permission for KSC coaches or adult chaperones to seek emergency medical care for my above-named children.

Signature(s)

Date