

Swimmer's Legal Name: _____
Last First Middle

Home Address: _____

City/State/Zip: _____

Age: _____ Birthdate: _____

Home Phone: _____ Emergency Phone: _____

Swimmer Lives with _____

Name of Parent(s) or Guardian(s): _____

Place of Employment: _____

E-Mail Address: _____

In the event of illness/emergency, and we are unable to contact you, please call:

Name Relationship to Child Address

Home Phone Work Phone

Family Physician: _____ Phone Number: _____

In case my child becomes ill or is injured and needs emergency medical care, and I cannot be reached, FAST is authorized to take my child to Freeport Memorial Hospital. I agree to assume all responsibility and expenses incurred by handling of this emergency care.

Parent/Guardian Signature _____

Date _____

Medical Information of which FAST should be aware:

