



**TCAT TIGERSHARKS SUMMER 2016
EMERGENCY INFORMATION**

Childs Name: _____

Parents Name: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ T-Shirt Size: _____

Cell Phone: _____

MEDICAL INFORMATION

Medical Allergies: _____

Maintenance Medications: _____

Medical Conditions: _____

IN CASE OF AN EMERGENCY NOTIFY

Name: _____ Day Phone: _____ Other #: _____ Relationship: _____

Name: _____ Day Phone: _____ Other #: _____ Relationship: _____

In case of an emergency, please send my child to: _____ or the closest hospital.

Please describe any additional instructions for emergency personnel: _____

I give consent for emergency personnel to administer first aid to my child.

Parents Signature: _____ Date: _____

***** Please have this form turned in upon your child's first day of practice, they will not be able to swim in a meet until this is turned in, including Lollipop Meet*** If you have more than one child on the team please fill out a separate from for each child.**