2019 PASDA Registration/Medical Form
DUE May 25, 2019

NAME:_____DOB:_____Age:_____Sex: _____
First Middle name Last (as of 6/1/18)

ADDRESS: _____
Street Town State Zip Code

HOME PHONE:_____E-Mail Address: _____
Parents names and cell phone #"s:
1. Guardian_____male/female cell # _____
2. Guardian_____male/female cell #_____

T-SHIRT SIZE Youth: S M L Adult: S M L XL CIRCLE ONE

MEDICAL INFORMATION:

Emergency contact : _____
Name Phone # relationship
Doctor:_____Phone #_____Hospital:_____

Medical Insurance:_____ID #_____

Are you allergic to any medications? No___Yes____(list) _____

Do you take any prescribed medications on a permanent or semi-permanent basis?
No___Yes____(list) _____

Do you have asthma or other respiratory disease? No_____Yes_____(list) _____

Do you have any learning disabilities that the coaching staff should be aware of?
No_____Yes____(list) _____

Are there any other issues that the coaching staff should be aware of?
No_____Yes____(list)_____

Participation in HAC programs requires an annual physical. Date of last physical: _____

If a medical emergency or illness occurs, I authorize the coaching staff of Hamilton Aquatics to send my child to a physician or hospital, and authorize emergency medical treatment.

Parent/Guardian Signature_____Date: _____

PARENT RESPONSIBILITIES

Should my child be responsible for damage to the facilities/equipment at their practice location I understand that I am responsible for restitution.

Parent/Guardian Signature_____Date: _____