2019 Spring/Summer Registration/Medical Form
DUE 4/10/2019

Registering for: (circle one) Age Group Senior High School_____

NAME: _____DOB: _____Age: _____Sex: _____
First Middle initial Last

ADDRESS:

_____
Street town/township state zip code

HOME PHONE: _____ E-Mail Address: _____

1. Parent's name _____ Male/Female cell# _____work# _____
2. Parent's name _____ Male/Female cell# _____ work# _____

YMCA Swim Team Registration: New ____ Returning from 2018-19 Fall/Winter: ____

OR General/Fitness Member: # _____ Basic Member: # _____

USS Member Yes ___ Team _____ No ___ **T-SHIRT SIZE Youth ____Adult ___ Check one**
Circle one S, M, L, XL

MEDICAL INFORMATION:

Doctor:_____Phone#_____Hospital:_____

Medical Insurance: _____ ID # _____

Emergency contact: _____contact #_____ relationship _____

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 medications _____

Do you have any learning disabilities that the coaching staff should be aware of? No ____ Yes ___List on back

Are there any other issues that the coaching staff should be aware of? No ____ Yes __Describe_____

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. Signature & date of parent/guardian _____date _____

Parent/Guardian
Signature_____Date:_____