2021 Registration/ Medical
PASDA
June 5, 2021

NAME:_____DOB:_____Age:_____Sex: _____
First Full Middle Last (as of 6/1/21)

ADDRESS: _____
Street town township state zip code

HOME PHONE:_____E-Mail Address: _____
Guardian names and work & cell phone #"s:

Guardian #1_____Guardian #2_____

Relationship_____Male/Female Relationship_____Male/Female

New _____ Returning: _____

USS Member Yes____Team_____No____**T-SHIRT SIZE Youth_____Adult_____Check one**
Circle one YM, YL AS, AM, AL, AXL

MEDICAL INFORMATION:

Doctor:_____Phone #_____Hospital:_____

Emergency contact : _____
Name Phone # relationship

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: _____