2019 PASDA Registration/Medical Form

# DUE May 25, 2022

NAME: DOB: Age: Sex:

First Middle name Last (as of 6/1/22)

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: