

2014-2015 Registration/Medical Form
DUE August 15, 2014

Registering for: (circle one) **Marlins Dolphins Age-Group Seniors**

NAME: _____ DOB: _____ Age: _____ Sex: _____
First Middle initial Last (as of 12/1/14)

ADDRESS: _____
Street town township state zip code

HOME PHONE: _____ E-Mail Address: _____

Parents names and work & cell phone #'s:
father _____ mother _____

YMCA Swim Team Registration: New _____ Returning: _____
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:

Emergency contact : _____
Name Phone # relationship

Doctor: _____ Phone # _____ Hospital: _____

Medical Insurance: _____ ID # _____ last 4 digits SSN _____

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: _____