

2016-2017 Registration/Medical
Form **DUE August 10, 2016**

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

NAME: _____ DOB: _____ Age: _____ Sex: _____
 First Middle initial Last (as of 12/1/15)

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

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 YS, 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: _____