2020-2021 Registration/
Medical Form
DUE September 8, 2020

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

NAME:_____DOB:_____Age:_____Sex: _____
First Full Middle Last (as of 12/1/20)

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: _____