

CRCY Barracuda Swim Team
Health and Medical History

This Medical History Form must be completed *annually* by parent/guardian in order to participate in CRCY Barracudas Swim Team (CUDAS). These questions are designed to ensure the participant is in good physical condition to engage in swimming.

Participants Full Name (Please Print) _____

Address: _____

Phone Number: _____ Cell #: _____ DOB: _____

Family Physician _____ Telephone Number _____

1. Have you been hospitalized in the past year? Yes No 2. Have you had surgery in the past year? Yes No
3. Have you had any major illness or injuries in the past year? Yes No 4. Are you aware of any current health problems? Yes No
5. Are you under a doctor's care? Yes No If yes, explain:

Medical History (Have had problems with any of the following)

Skin/Glands	Yes	No	Hearing	Yes	No	Nose, sinus	Yes	No	Teeth, tonsils, throat	Yes	No
Chest/Lungs	Yes	No	Vision	Yes	No	Acute Infections	Yes	No	Back, Limb or Joint Pain	Yes	No
Stomach/Ulcers	Yes	No	Menstrual	Yes	No	Urinary tract	Yes	No	Cough/Wheezing	Yes	No

Explain "Yes" answers here _____

Past or Present Illnesses (Have had any of the following)

ADHD	Yes	No	Blood Disorders	Yes	No	Diabetes	Yes	No	Convulsions/Seizures	Yes	No
Heart Condition	Yes	No	Allergies	Yes	No	Surgery	Yes	No	Asthma	Yes	No
Dizziness or Fainting	Yes	No							-If yes, MUST have inhaler on deck at all times.		

Explain "Yes" answers here: _____

Are you currently taking medication? Yes No If yes, please list: _____

Do you have any known allergies to food, insect bites? Yes No If yes, please list: _____

Date of most recent physical examination: _____ Attach any other medical information the team should know about.

I, certify, that _____, is in good health, free of any communicable disease, and is in sufficiently good physical condition to engage in swimming. Having been informed of the activities to be conducted by the CRCY Barracuda Swim Team (CUDAS), I as a parent or Guardian of the participant, give my approval for this child's participation in the swim program. I am aware that any athletic activity involves all the risks and hazards incidental to the program. I further release from responsibility and agree to indemnify and hold harmless the CRCY Barracuda Swim Team (CUDAS), its officers, coaches, parents and all others associated with the program, for damages resulting from illness or injury of the child occurring during the swim team activities.

In the event of a *MEDICAL EMERGENCY* IN MY ABSENCE, I HEREBY GRANT TO THE swim team coaches, the authority to secure medical treatment, including, but not limited to, surgery, administration of anesthesia, blood transfusions, diagnostic tests, etc., for my child from a licensed hospital or medical doctor. I understand that I will be liable for all medical costs incurred. CRCY will act as responsible information agents and treat all medical information as sensitive and confidential.

Father's Name: _____ Mother's Name _____

Address: _____ City, State, Zip _____

Father's Phone Number(s): _____ Mother's Phone Number (s) _____

In Case of emergency, please list person to contact if parent/guardian cannot be reached

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Parent Signature: _____ Date: _____