

**Marinwood Waterdevils Swim Team
EMERGENCY MEDICAL INFORMATION**

(Please print neatly)

Family (Last) Name: _____

Swimmers:	<u>Name</u>	<u>Gender</u>	<u>Birth date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent(s)/Guardian(s): _____

Occupation(s): _____

Home Address: _____

Second Address: _____

Preferred Email Address: _____

Additional Email Address: _____

Phones: (circled preferred contact number)

HOME PHONE: _____

OTHER PHONE #S

_____ office cellular pager (Mother / Father / _____)

_____ office cellular pager (Mother / Father / _____)

EMERGENCY INFORMATION

Is there any medical condition the coaches should be aware of? No / Yes (please explain):

Medical Insurance Carrier: _____ Policy/Account: _____

Swimmer's Physician(s): _____ Phone: _____

_____ Phone: _____

Additional Emergency Contact: _____ Phone: _____

EMERGENCY MEDICAL RELEASE

Permission is given for emergency medical, hospital and surgical treatment, including anesthesia, of the minor(s) listed above in the event parent(s) or emergency contact(s) cannot be reached. Parent(s) agree to assume financial responsibility for such care, including transportation. It is understood that the Waterdevils and the medical facility will make a determined effort, appropriate to medical risk, to contact persons listed above before such action is taken.

Parent's Signature: _____ Date: _____