

Health and Contact Information

Child Information:

Last Name:	
First Name: / Nickname:	
Male/Female:	M / F
Date of Birth:	
Returning Swimmer:	Y / N

Contact Information:

Mail To: <i>(Parent/Guardian Names)</i>	
Address:	
City:	
State:	
Zip Code:	
Home Phone Number:	
Cell Phone Number:	
*Phone Tree Phone Number:	
*Text Phone Number:	
Work Phone Number/Times to be Reached:	
Primary E-mail Address:	
*Phone Tree and Text numbers are published and used for notification phone calls to team members about scheduled changes due to weather or other important information. These calls usually occur in the early hours before practice begins.	

Emergency Contact and Health Information:

Emergency Contact Name 1:	
Relationship to Child:	
Emergency Phone 1:	
Emergency Contact Name 2:	
Relationship to Child:	
Emergency Phone 2:	
Physician Name:	
Physician Phone:	
Current Medications:	
Pre-existing Conditions: (asthma, epilepsy, etc.)	
Allergies:	
Additional relevant health information:	

Alternative Practice Times:

Please X all that will apply to your swimmer this summer:

High School Summer School/Weights: 6:00 am - 7:45 am	Parent phone number during these hours:
Summer Odyssey: 7:15 am - 8:15 am	Parent phone number during these hours:
Thursday Golfer (11 and up): 6:00 am - parent's discretion	Parent phone number during these hours: