

**Palos Verdes Aquatic Club (PVAC)
TryOut/Registration Form**

USS# _____
TryOut Date _____
Start Date _____

SWIMMER'S NAME: _____
Last First Middle

Swimmer's Preferred First name: _____ School: _____

AGE: _____ BIRTHDAY _____ / _____ / _____ SEX: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

Parent email address: _____

Swimmer's email address: _____

Mother's Name: _____

Mother's Cell Phone: _____ Work Phone: _____

Father's Name: _____

Father's Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

**MEDICATIONS, INJURIES, ILLNESS, or MEDICAL CONDITIONS THAT PVAC STAFF SHOULD
BE AWARE OF?**

ALLERGIES: _____

Date of Last Tetanus Shot: _____

Medical Insurance Company: _____ Policy #: _____

FINANCIAL INFORMATION:

Who is responsible for payment of dues: _____
Name

Address of responsible party: _____

City: _____ ZIP: _____ PHONE: _____

CONSENT TO TREATMENT OF MINOR AND AUTHORIZATION TO PVAC TO GIVE SUCH CONSENT

The undersigned, as a parent or legal guardian of the child registered on this form, a minor, hereby authorizes PVAC and its delegated leaders, coaches and chaperones to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor upon the advice of a physician and/or surgeon licensed under the provisions of the Medicine Practice Act. This authorization is given in pursuant to the provisions of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, leaders, coaches and chaperones are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This consent to Treatment of Minor and Authorization to PVAC to Give Such Consent is executed by the undersigned in consideration of the acceptance by PVAC.

Parent/Legal Guardian

Date