

Hammerhead Swim Club

2009-2010 Swimmer Information/Medical Release

PLEASE PRINT and COMPLETE ONE (1) FORM FOR EACH CHILD/SWIMMER

Swimmer's Name: _____

Birth Date: _____ Gender: _____

Address: _____

Cit, State, Zip: _____

Parents Names: _____

Parents Work #: _____

Email Address (es): _____

VERY IMPORTANT – please be sure we have your emails that you check regularly. This is how we communicate.....

Emergency Contact Name/phone #: _____

Dr's. Name and Phone #: _____

Health Insurance: _____

Policy #: _____ Group #: _____

Allergies: _____

Medicines: _____

In the event of injury or illness, if I am unavailable to be reached, I hereby give permission for immediate care and transportation to be provided for the child named on this page.

Signed: _____ Date: _____

Relationship: _____ Telephone Number: _____