



Emergency Medical Form

Swim Season

Team

Please print legibly

Swimmer Information

Last Name		First Name		Middle Name	
Street Address			City	State	Zip
Home Phone	Date of Birth	Age	Male	Female	

Parent Information (Guardian)

Last Name (Father)		First Name		Middle Name	
Last Name (Mother)		First Name		Middle Name	
Street Address (if different)			City	State	Zip
Home Phone	Work # (Father)	Work # (Mother)	Other Phone #'s		

Does the swimmer have any special medical condition (allergies, sensitivities to medications or any special conditions) that you feel we should know about?

Is the swimmer taking any medication? Please list.

Medical Insurance Carrier	Policy #	Group #
Physician	Address	Phone
Dentist	Address	Phone
Preferred Hospital		

Contacts (in the event parents cannot be reached)

(you must list a minimum of two local contacts)

Contact	Address	Home Phone	Work Phone
Contact	Address	Home Phone	Work Phone
Contact	Address	Home Phone	Work Phone

As parent or guardian of the designated swimmer, I hereby give my permission for my son/daughter to participate with the East Bay Swim League for the _____ swim season.

In case of injury, I give the Swim Team permission to obtain necessary medical treatment. I understand any costs associated with necessary medical treatment are my responsibilities.

The swimmer and parents agree to abide by the East Bay Swim League Rules and your individual team rules and bylaws.

Please sign below if you understand and agree with all of the above, then return this form to the designated team secretary.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Swimmer _____ Date _____