## SCOTTSDALE CONTACT FORM & MEDICAL RELEASE

Swimmer's Name:				Today S	But.
	(First)	(Middle)		(Last)	s Date:
Swimmer's Age: _		M	F	Birthdate:	
Mother's Name:				Father's Name:	
Home Address:					(T', C, 1)
Telephone (Home)	):			(City)	(Zip Code)
, ,					
(Emerg	gency):				
Any Allergies?onsiderations of	which the o	coach shou	ıld b		
Any Allergies?onsiderations of List any medication  Medical Release: I hereby give my personal interests and interests are personal interests.	which the o	mer is takir	ald be	e aware?	administered to my child,
Any Allergies? considerations of List any medication  Medical Release: I hereby give my perfective until revokenedical treatment.	s the swime ermission for listed be ed by me.	mer is takir or any and _, in the evelow until s I also herelonot be rea	all ment o	nedical attention to be a of an accident, injury of time as I may be contasume the responsibility, any of the following a	administered to my child, r sickness under the
Any Allergies? considerations of List any medication  Medical Release: I hereby give my periodical treatment in the person of the	s the swimer swims on listed be ded by me. In case I can Member of the pany:	for any and, in the evelow until so I also herebond the Scotts	all ment of such oy assisted sidale	nedical attention to be a of an accident, injury of time as I may be contasume the responsibility, any of the following a Aquatic Coaching Sta	administered to my child, r sickness under the acted. This release is y for payment of any such are designated to approve aff or person designated b
Any Allergies? considerations of List any medication  Medical Release: I hereby give my pelirection of the persent of the persent of the persent of the persent of the medical treatment. I will be Coaching Staff.  My Insurance Comparison of the persent of the perse	which the on the swimm on listed be ded by me. In case I can be deduced Member of the many:	mer is taking for any and _, in the evelow until so I also herebond the Scotts	all ment of such oy assisted schedus	nedical attention to be a of an accident, injury of time as I may be contasume the responsibility, any of the following a Aquatic Coaching Sta	administered to my child, r sickness under the acted. This release is y for payment of any such are designated to approve aff or person designated b

\*\*\*\*\*INCLUDE COPY OF INSURANCE CARD