

MANTA RAY Aquatics

P.O. Box 452, Moses Lake, WA 98837 / mantaraysinfo@gmail.com / www.mlmr.org



Swimmer: _____
(First Name) (Middle Name) (Last Name)

Birthdate: _____ Gender: _____

Parent / Guardian: _____ Phone Number: _____

Parent / Guardian: _____ Phone Number: _____

Other Emergency Contact: _____ Phone Number: _____

Other Emergency Contact: _____ Phone Number: _____

Health Insurance Provider: _____ Phone Number: _____
Policy Number: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Allergies: _____

Diet Restrictions: _____

Other Health Concerns: _____

In the event that my minor child should require medical attention and I cannot be reached immediately, I hereby authorize Manta Ray Aquatics to obtain necessary medical attention until I can be contacted.

Parent / Guardian: _____

Date: _____

