2022 Registration/ Medical Form

August, 2022

Registering for: (circle one) **Senior** **Age-Group** **Dolphin** **Marlin**

NAME:_____ DOB:_____ Age:_____ Sex: _____
First **Full Middle** **Last** (as of 12/1/22)

ADDRESS: _____
Street town township state zip code

HOME PHONE:_____ E-Mail Address: _____

Guardian names and work & cell phone #"s:

Guardian #1_____ Guardian #2_____

Relationship_____Male/Female Relationship_____Male/Female

Cell # _____ Cell # _____

YMCA Swim Team Registration: New _____ Returning: _____

OR General/Fitness Member: # _____ Basic Member: # _____

USS Member Yes_____Team_____No____**T-SHIRT SIZE Youth_____Adult_____Check one**

Circle one Youth YS, YM, YL Adult AS, AM, AL, AXL

MEDICAL INFORMATION:

Doctor:_____ Phone #_____ Hospital:_____

Emergency contact : _____
Name Phone # relationship

Medical Insurance:_____ ID #_____

Are you allergic to any medications? No___Yes____(list) _____

Do you take any prescribed medications on a permanent or semi-permanent basis?
No___Yes____(list) _____

Do you have asthma or other respiratory disease? No_____Yes_____(list) _____

Do you have any learning disabilities that the coaching staff should be aware of?
No_____Yes____(list) _____

Are there any other issues that the coaching staff should be aware of?
No_____Yes____(list)_____

Participation in HAC programs requires an annual physical. Date of last physical: _____

If a medical emergency or illness occurs, I authorize the coaching staff of Hamilton Aquatics to send my child to a physician or hospital, and authorize emergency medical treatment.

Parent/Guardian Signature_____ Date: _____

PARENT RESPONSIBILITIES

Should my child be responsible for damage to the facilities/equipment at their practice location I understand that I am responsible for restitution.

Parent/Guardian Signature_____ Date: _____