

2024-2025 Registration/

Medical Form

August, 2024

Registering for: (circle one)

Senior

Age-Group

Dolphin

Marlin

NAME: _____ DOB: _____ Age: _____ Sex: _____
First Full Middle Last (as of 12/1/24)

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: _____