2024 Registration/ Medical Form Spring 2024

Registering for: (circle one)	Senior	Age-Group	Extension prog	ram
NAME: First Full Middle		DOB:	_Age:	Sex:
First Full Middle	Last	_	(as of 6/1/24)	
ADDRESS:				
Street	town to	wnship	state	zip code
HOME PHONE:		E-Mail Address:		_
Guardian names and work & cell p		C 1: "2		
Guardian #1Relationship Cell #	Male/Female	Guardian #2	Relationship	Male/Female
Cell #			Cell #	
YMCA Swim Team Registration:	New	Returnin	σ·	
YMCA Swim Team Registration: <i>OR</i> General/Fitness Member:	#	Basic Me	ember: #	
USS Member YesTeam	NoT-SH	IIRT SIZE You	thAdult_	Check one
	(Circle one Youth	YS, YM, YL A	dult AS, AM, AL, AXL
MEDICAL INFORMATION:				
Doctor:	Phone	#	Hospital	:
				·
Emergency contact :				
Name Medical Insurance:		Phone #		relationship
Wedical Insurance.				
Are you allergic to any medications?	NoYes_	(list)		
D				
Do you take any prescribed medication No_Yes(list)	-	-		
1010s(list)				
Do you have asthma or other respirat	ory disease? No_	Yes	(list)	
			m	
Do you have any learning disabilities		-		
NoYes(list)				
Are there any other issues that the co	aching staff shou	ıld be aware of?		
NoYes(list)				
Double in the Company of the Company		rvai a a l	Data of last who	vai aal.
Participation in HAC programs requi	res an annual pn	ysicai.	Date of last phy	ysicai:
If a medical emergency or illness occ	urs, I authorize t	he coaching staff	of Hamilton Aqua	atics to send my child to a
physician or hospital, and authorize e		_	1	•
D (G 1: G:			ъ.	
Parent/Guardian Signature			Date:	
PARENT RESPONSIBILITIES				
Should my child be responsible for d	amage to the fac	ilities/equipment	at their practice lo	cation I understand that I
responsible for restitution.				

_Date: __

Parent/Guardian Signature_