KCST 2 Week Trial Registration Form

(ONE PER SWIMMER)

Swimmer's Name _____

Parents' Names: _____

Parent's Email: _____

Home Phone: _____ Parent's Work Phone: _____ Cell Phone: _____

I (we) hereby give our permission for _____

To participate in practice: **FOR A 2-WEEK TRIAL PERIOD**

BEGINNING: _____/_____/_____ENDING: _____ /_____/_____.

Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of KCST nor any chaperone or volunteer working with the group personally liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of KCST until I am able to be contacted.

MEDICAL INFORMATION & EMERGENCY RELEASE

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)
   _____
   _____

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:
   _____
   _____

3. Swimmer's Doctor: _____ Phone_____

4. Swimmer's Dentist: _____ Phone_____

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of KCST to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION (**must be complete**)

Subscriber's Name (parent): _____
Insurance Company: _____
ID # _____
Group # _____
Insurance Coverage (i.e. medical, dental): _____
Insurance authorization phone number: _____
Preferred local hospital: _____

_____ _____

Parent or Guardian Signature Date