

**Tidal Wave Aquatics 2 Week Trial Registration Form
(ONE PER SWIMMER)**

Swimmer's Name _____

Parent/Guardian Names: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

I (we) hereby give our permission for _____
to participate in Tidal Wave Aquatics (WAVE) practices **FOR A 2 WEEK TRIAL PERIOD.**

Beginning Date: _____ Ending Date: _____

Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of WAVE nor any chaperones or volunteers 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 coaches or chaperones of WAVE 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, drug allergies, asthma, prescriptions, etc.)

2. Aside from yourselves, the parents/guardians of the swimmer, please indicate in order those individuals that you would like the coaches to contact in case of 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 chaperones of WAVE 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 or guardian): _____

Insurance Company: _____

ID #: _____

Group #: _____

Insurance Coverage type (i.e. medical, dental): _____

Insurance authorization phone number: _____

Preferred Local Hospital: _____

Parent/Guardian Signature

Date

