

PASA – DKS
2025/26 Registration Form

Swimmer Information

Swimmer(s) Name (Last, First)	Middle Initial	Date of Birth	Email (if applicable)	Female/ Male

Primary Contact Information

Guardians' Names	Email	Phone
Primary Address:	City/town	State Zip

Emergency Contact

Name:	Phone Number	Relationship

Medical Contacts

Primary Doctor:	Phone:	
Dentist:	Phone:	
Authorized Person:	Relationship to Swimmer	Phone

In the event of an emergency, I authorize dental and/or medical care and/or treatment of the above named swimmer(s). If I cannot be reached, please contact the person listed above who is authorized to act on my behalf. Initial: _____

Please list any special needs and/or medical information (i.e. Allergies or medications) pertaining to your swimmer(s) that our staff should be aware of. Please include swimmer name(s) and condition(s),

Waiver of Liability-

My signature on this agreement authorizes my child's participation in all swim team activities. I also assume all risks and hazards incidental to participation and release Palo Alto Stanford Aquatics and Dana Kirk Swimming, their Members, Officers, Directors, Agents, and Employees from any liability.

Signature: _____ Date: _____

Please List Swimmer's Group: _____ and Coach _____