

Swimmer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent emergency contact information:

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Swimmer Medical Insurance Information:

Allergies / Medical Conditions / Medication:

\_\_\_\_\_  
\_\_\_\_\_

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Active Duty Military only

Sponsor SSN: \_\_\_\_\_ Sponsor DOB: \_\_\_\_\_

**Please attach a copy of your Insurance card and if your swimmer has one, be sure he/she has it at the meet.**

In the event of a medical emergency, injury, or illness I, \_\_\_\_\_, designate \_\_\_\_\_ to act on my behalf, until I can be present, to seek whatever medical care may be necessary for my minor child \_\_\_\_\_. I will be responsible for all costs associated with obtaining medical care for my minor child.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_