

EMERGENCY CONTACT & MEDICAL FORM

ONE REQUIRED FOR EACH SWIMMER

Swimmer's Name			Age	Date
Address			City	Zip
Home Phone		Cell phone		Other
Parent with whom child resides	Father	Home phone	Cell phone	Work phone
(circle one or both)	Mother	Home phone	Cell phone	Work phone
Doctor	Phone	Dentist	Phone	
Insurance Carrier	Phone	Policy or ID #		
Alternate persons to contact in an emergency				
Name	Address		Phone	relationship
Name	Address		Phone	relationship
Illness, recent injuries or allergies?				
Medication?				
Anything else the coaches' need to know about your child's health?				

- As legal parent or guardian of the designated swimmer, I hereby give my permission for my child to participate with the East Bay Swim League for the 2006 swim season.
- In case of injury or illness, I give the Highlands Swim Team Coaches permission to obtain emergency medical treatment. I understand any costs associated with emergency medical treatment are my responsibilities.
- The swimmer and parents agree to abide by the East Bay Swim League rules of participation and conduct and the team rules and bylaws of Highlands Sharks Swim Team.

Parent Signature	Date	Print name, please

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