



Payment received: _____

Swimmer's Last Name: _____ First Name: _____

Date of Birth ____/____/____	Gender _____	Age _____
<i>The swimmer's age group for purposes of competition, shall be determined by his/her age on May 31st.</i>		
Address		
Home phone #:		
Parent/Guardian Name	Cell #:	
Email:		
Parent/Guardian Name	Cell #:	
Email:		

MEDICAL RELEASE FORM

In case of an emergency, I, _____, hereby grant permission to any team manager, coach or lifeguard to have listed swimmer taken to a hospital in the area for emergency treatment.

Parent/Guardian Name	Date
Signature	
Allergies	
Other pertinent information or health concerns	

Emergency Notification

Alternate person (relative/neighbor) in case Parent/Guardian cannot be contacted immediately.

Name	Phone #
Relationship	