

NEWPORT TORPEDOES SWIM TEAM 2010

SWIMMER INFORMATION

SWIMMER'S NAME _____ MALE _____ FEMALE _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ AGE ON 05-31-10 _____

HOME PHONE _____ E-MAIL _____

MOTHERS NAME: _____ CELL # _____

FATHERS NAME: _____ CELL # _____

MEDICAL INFORMATION

DISABILITIES _____ LAST TETANUS SHOT _____

FAMILY PHYSICIAN'S NAME AND PHONE _____

KNOWN ALLERGIES OF SWIMMER _____

HOSPITALIZATION POLICY _____ POLICY NO. _____

OTHER INSURANCE _____ POLICY NO. _____

In the event that emergency treatment or surgery is needed, a minor cannot be operated on without the consent of a parent or guardian. Parents should consider and act at their discretion on the following:

I give permission for _____ to receive emergency treatment or surgery by a qualified physician if the need should arise.

I give permission for _____ to receive emergency treatment or surgery in any duty licensed hospital by any qualified physician on the hospital staff if the need should arise.

Other pertinent medical information _____

In emergency if the above cannot be reached, please contact one of the following:

1. _____ 2. _____

PHONE _____

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND, INDEMNITY AGREEMENT.

PARENT / GUARDIAN SIGNATURE

PARENTS / GUARDIANS NAME(S)

DATE: _____



By signing below I acknowledge that I have access to www.NewportSwimTeam.com and www.NWAL.org for purposes of viewing the Newport Torpedoes Swim Team Handbook as well as all rules and regulations pertaining to being a member of the Newport Torpedoes Swim Team.

Parent Signature