

MANITOWOC - TWO RIVERS YMCA SWIM TEAM

As a parent/guardian of _____
(Last name) (First name)

in case of an emergency occasioned by an accident or injury, I give my permission to have the respective coach consent to needed medical attention by the nearest physician and/or hospital.

Medical, physical, or other needs _____

Known allergies to drugs and anesthetics _____

Date of birth _____

Home Phone(____) _____

Father's Phone(____) _____

Ext _____ (work)

Mother's Phone(____) _____

Ext _____ (work)

Name of other person(s) to contact _____

Phone (____) _____

Relationship to swimmer _____

Insurance Company and Identification Number _____

Family Physician _____

Phone(____) _____

Family Dentist _____

Phone(____) _____

Parent/Guardian Signature _____ Date _____

*Please fill out one form per swimmer. If additional forms are needed, please ask.

SWIMMER PERSONAL INFO SHEET

Please return to Mary by 10/20

1. Swimmer's first & last name _____
Birthdate _____

2. Swimmer's first & last name _____
Birthdate _____

3. Swimmer's first & last name _____
Birthdate _____

Parents' name _____

Address _____
(where mailing should be sent)

Phone Number _____
(where we can reach you and who we will reach)

Email _____
(Best email to reach parents with information)