



SWIMMER INFORMATION		
Last Name:	First Name:	Middle Name:
Date of Birth:	Age:	Male/Female:
Address:		
City:	State:	Zip:
Email address:		
FAMILY INFORMATION		
Parent/Guardian:	Home:	Work/Cell:
Parent/Guardian:	Home:	Work/Cell:
Do you participate in the Free Lunch Program? Yes or No (If Yes, bring a copy of lunch letter)		
OFFICE USE ONLY		
Birth Cert:	USA Reg: (\$55)	New Swimmer Reg Fee: (\$75) (\$25 per extra swimmer)
Swim Group:	Date joined:	Check/Cash:

Emergency Contact and Medical Information for a Child
Alternative Emergency Contacts

Primary Emergency Contact (other than listed above)	Secondary Emergency Contact(optional)
()	()
_____	_____
Home Phone	Work Phone
()	()
_____	_____
Home Phone	Work Phone

Medical Information

Physician's Name	Phone Number
_____	_____
Health Insurance Company	Phone Number
_____	_____

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
_____	_____

I release Social Aquatics and individuals from liability in case of accident during activities related to Social Aquatics, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature	Date
_____	_____