

2010–2011 Winter Registration/Medical Form  
**DUE 8/12/10**

**Registering for:** (circle one) Age Group/SRII Senior

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
First middle initial last (as of 12/1/09)

ADDRESS: \_\_\_\_\_  
Street town township state zip code

HOME PHONE: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parents names and work & cell phone #'s:

father \_\_\_\_\_ mother \_\_\_\_\_

YMCA Swim Team Registration: New \_\_\_\_ Returning: \_\_\_\_  
OR General/Fitness Member: # \_\_\_\_\_ Basic Member: # \_\_\_\_\_

USS Member Yes \_\_\_\_ Team \_\_\_\_\_ No \_\_\_\_ **T-SHIRT SIZE Youth \_\_\_\_ Adult \_\_\_\_ Check one**  
**Circle one S, M, L, XL**

**MEDICAL INFORMATION:**

Emergency contact : \_\_\_\_\_  
Name Phone # relationship

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_ Hospital: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ ID # \_\_\_\_\_ last 4 digits SSN \_\_\_\_\_

Are you allergic to any medications? No \_\_\_\_ Yes \_\_\_\_ (list) \_\_\_\_\_

Do you take any prescribed medications on a permanent or semi-permanent basis? No \_\_\_\_  
Yes \_\_\_\_ (list) \_\_\_\_\_

Do you have asthma or other respiratory disease? No \_\_\_\_ Yes \_\_\_\_ (list) \_\_\_\_\_

Do you have any learning disabilities that the coaching staff should be aware of? No \_\_\_\_  
Yes \_\_\_\_ (list) \_\_\_\_\_

Are there any other issues that the coaching staff should be aware of? No \_\_\_\_  
Yes \_\_\_\_ (list) \_\_\_\_\_

Participation in HAC programs requires an annual physical. Date of last physical: \_\_\_\_\_

If a medical emergency or illness occurs, I authorize the coaching staff of Hamilton Aquatics to send my child to a physician or hospital, and authorize emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT RESPONSIBILITIES**

Should my child be responsible for damage to the facilities/equipment at their practice location I understand that I am responsible for restitution.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_