

# Hamilton Y Aquatic Club

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

Trying out for: Level 1 \_\_\_\_ Level 2 \_\_\_\_ \*\* Note: Swimmer may not be placed in try out level  
(Will attend the substitute practice on \_\_\_\_\_ in place of practice on \_\_\_\_\_)  
M or F

Swimmer: \_\_\_\_\_ Age: \_\_\_\_ DOB: \_\_\_\_\_ M: \_\_ F: \_\_  
First MI Last (as of 12/1/10)

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
PRINT CAREFULLY!

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

T-Shirt Size – Child \_\_\_\_\_ or Adult \_\_\_\_\_  
S, M, L S, M, L, XL

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MEDICAL INFORMATION

Medical Insurance Carrier: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

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

Allergic to any medications? NO \_\_\_\_ YES \_\_\_\_ (list) \_\_\_\_\_

Take any medications on a permanent/semi-permanent basis? NO \_\_\_\_ YES \_\_\_\_  
(list) \_\_\_\_\_

Have asthma or other respiratory disease? NO \_\_\_\_ YES \_\_\_\_ (list) \_\_\_\_\_

Have any learning disabilities the coaching staff should be aware of? NO \_\_\_\_ YES \_\_\_\_  
(list) \_\_\_\_\_

Any other issues the coaching staff should be aware of? NO \_\_\_\_ YES \_\_\_\_  
(list) \_\_\_\_\_

Participation in the program requires an annual physical. Date of last physical: \_\_\_\_\_

Should a medical emergency or illness occur, 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: \_\_\_\_\_