

SCOTTSDALE CONTACT FORM & MEDICAL RELEASE

Swimmer's Name: _____ Today's Date: _____
(First) (Middle) (Last)

Swimmer's Age: _____ M F Birthdate: _____

Mother's Name: _____ Father's Name: _____

Home Address: _____
(City) (Zip Code)

Telephone (Home): _____

(Cell): _____

(Emergency): _____

Any Allergies? _____ **Any medical conditions/special considerations of which the coach should be aware?**

List any medications the swimmer is taking: _____

Medical Release:

I hereby give my permission for any and all medical attention to be administered to my child, _____, in the event of an accident, injury or sickness under the direction of the person listed below until such time as I may be contacted. This release is effective until revoked by me. I also hereby assume the responsibility for payment of any such medical treatment. In case I cannot be reached, any of the following are designated to approve such treatment: Any Member of the Scottsdale Aquatic Coaching Staff or person designated by the Coaching Staff.

My Insurance Company: _____ **Policy #:** _____

Group #: _____ **Subscriber Name:** _____

Swimmer's Physician: _____ **Phone #:** _____

Parent Signature: _____

*******INCLUDE COPY OF INSURANCE CARD**