2021 PRINEVILLE SWIM TEAM REGISTRATION AND EMERGENCY MEDICAL AUTHORIZATION

Athlete's Name:_____
First Middle Initial Last

Swim Suit size:_____ Sweatshirt Size:_____

Name that Athlete would like printed on their team sweatshirt (Please print clearly):

_____

Date of Birth:_____ Age:_____

Address:_____

Parent(s) Name:_____

Home Phone:_____ Work Phone(s)_____

Cell Phone(s) Mom:_____ Dad:_____

E-mail Address:_____

Emergency Contact:_____
Emergency Contact Phone Number:_____
Family Physician's Name:_____
Physician's Phone:_____

I hereby grant permission, in case of injury, to have an athletic trainer and/or medical doctor provide my child with medical assistance and/or treatment. If you are under 18 years of age, a parent/guardian must provide consent for you to be given medical assistance and/or treatment by signing immediately below.

Signature of Parent/Guardian:_____

Date:_____

If said athlete is covered by any insurance company, please complete the following:

Name of Carrier:_____

Group No:_____ Policy No:_____