

2024 PRINEVILLE SWIM TEAM REGISTRATION
AND EMERGENCY MEDICAL AUTHORIZATION

Have you registered your swimmer(s) with Oregon Swim/USA Swimming? Yes _____ No _____
(THIS MUST BE COMPLETED IN ADDITION TO REGISTERING WITH PST)

Oregon Swim/2023 USA Swimming Athlete Registration Number: _____

Athlete's Name: _____

First Middle Initial Last
Swim Suit size: _____ Sweatshirt Size: _____ Sweatpant 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: _____