

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: \_\_\_\_\_