

MARION FAMILY YMCA SWIM TEAM

Registration & Emergency Information Form

ALL Information will be kept confidential, but will be used in case of emergency

Name	
Address	
City, State, Zip	
Phone Number	
Birth date	

Contact Information	Mother	Father	Alternate Contact
Name			
Home Phone Number			
Work Phone Number			
Cell Phone Number			
E-mail Address			

Please answer the following questions about your athlete (all information is kept confidential):

Does your athlete have any physical restrictions?	Yes (describe on back)	No
Asthma?		
Diabetes?		
Seizure Disorder?		
Heart Condition?		
Any current daily medications?		
Allergies (especially to medications?)		

Anything else we should know about your swimmer (Use back if necessary):

I do hereby consent and authorize Marion Family YMCA staff to take any and all action, including use of emergency medical transportation, medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured under the care of the Marion Family YMCA.

Signature of Parent/Guardian

Date