

KINGSTON ESTATES SWIM TEAM

HEALTH INFORMATION AND PERMISSION FORM

NAME OF SWIMMER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

SWIMMER T-SHIRT SIZE: YOUTH S M L ADULT S M L XL

NAME OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

FATHER'S WORK ADDRESS \_\_\_\_\_ TEL: \_\_\_\_\_

MOTHER'S WORK ADDRESS \_\_\_\_\_ TEL: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ TEL: \_\_\_\_\_

EMERGENCY CONTACTS (PLEASE PROVIDE TWO)

- 1. \_\_\_\_\_ TEL: \_\_\_\_\_
- 2. \_\_\_\_\_ TEL: \_\_\_\_\_

\*\*\*PLEASE COMPLETE THE FOLLOWING SECTION. IF NOT APPLICABLE, PLEASE PUT N/A ON THE LINE\*\*\*

List any allergies, e.g. food, medication, insect bites, etc. or any additional information of which we should be aware so that your child's experience can be successful.

\_\_\_\_\_  
\_\_\_\_\_

MEDICAL EMERGENCY

In the event that I cannot be reached, I hereby give my permission to the physician selected by the officials and/or coaches of the Kingston Estates Swim Team to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I understand that every effort will be made to contact the parents/guardians and physician of the participant.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_