



Medical and Insurance Information – Please Return - Please Print

Swimmer's last name _____	First _____	Initial _____	Date of Birth _____
Swimmer's last name _____	First _____	Initial _____	Date of Birth _____
Swimmer's last name _____	First _____	Initial _____	Date of Birth _____
Swimmer's last name _____	First _____	Initial _____	Date of Birth _____
Swimmer's last name _____	First _____	Initial _____	Date of Birth _____

Father's Name _____ Mother's name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Father's Work Phone _____ Mother's Work Phone _____

Emergency Contact _____ Phone # _____

Family Doctor _____ Phone # _____

Insurance Company _____

Insurance Company Address _____

Name of Insured _____

Policy # _____ ID # (or SSN) _____

I/WE, the parents of the above named child(ren), who is a member of the Tracy Triton Swim Club, hereby give MY/OUR approval to his or her participation in any or all the activities of the SWIM Club. I/WE assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/WE do further release, absolve, indemnify, and hold harmless the TRACY TRITON SWIM CLUB, the organizers, sponsors, and the supervisors, any or all of them. In case of injury to MY/OUR child, I/WE likewise release from responsibility any person transporting MY/OUR child to or from activities.

SIGNATURE OF PARENT OR GUARDIAN: _____

CONSENT FOR MEDICAL TREATMENT – MINOR

I hereby give my consent for all medical care prescribed by a duly licensed Doctor or Medicine for :(Child(ren) Name(s)) _____ as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Date: _____ Signed: _____

Address: _____

Phone: _____ City _____ State _____ Zip Code _____

List any medical problems or allergies:
