



Year Round 2009

Name of Swimmer: _____ DOB: ____/____/____
First Name MI Last Name

Name(s) of Parent(s) or Guardian(s) and relationship to swimmer: _____

Parent/Guardian/Family e-mail: _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: (_____) _____

Before Practice Contact Number: (_____) _____

Swimmer's or Family's e-mail: _____

School Swimmer Currently Attends: _____ Grade: _____

Emergency Phone Numbers: (i.e. parent or guardian cell or work phone numbers, cell phone number, relative phone number)

☎ _____ : (_____) _____

☎ _____ : (_____) _____

☎ _____ : (_____) _____

Primary Health Insurance of Swimmer: _____

Health Insurance Phone Number: (____) _____

Doctor's Name: _____ Phone #: _____

List any injuries, sensitivities, or conditions that affect your swimming and the treatment that you are currently using. (i.e.: shoulder injuries, asthma, surgeries): _____

Do you give MBA permission to use photos of your child for publicity purposes?: _____

I hereby authorize Mount Baldy Aquatics to call an emergency ambulance in case of accident or acute illness and arrange for necessary medical treatment or surgical care for my child in case I am not immediately available. It is also understood that a conscious effort will be made to notify me or the person designated on this form before such action will be taken. I also agree to accept responsibility for the cost of the above medical services.

Signature of Parent/Legal Guardian _____ *Date* _____

I have read and understood both the Team Policy and Pool Rules: Parent Signature: _____

I have read and understood the El Roble pool rules: Swimmer Signature: _____