

## Hurley Tiger Sharks 2009 HEALTH REGISTRATION FORM

(Please Print)

Today's date:					
<b>GENERAL FAMILY INFORMATION</b>					
Father's Name:		Home Phone #: (    )			
		Cell Phone #: (    )			
Mother's Name:		Home Phone #: (    )			
		Cell Phone #: (    )			
Street address:		e-mail:			
City:		State:		ZIP Code:	
<b>□ DR. DOCTOR'S PHONE:</b>					
□ Preferred Hospital:			□ INSURANCE:		
<b>SWIMMER INFORMATION</b>					
<b>First</b> Swimmer's last name:		First:		Preferred name:	
First Year swimming	□ Last Physical Date:	Tetanus Vaccination: _____ (Year)	Birth date:	Age:	Sex:
□ Yes    □ No			/ /		□ M    □ F
□ Allergies:					
□ Medical History & Medications swimmer is currently taking					
<b>Second</b> Swimmer's last name:		First:		Preferred name:	
First Year swimming	□ Last Physical Date:	Tetanus Vaccination: _____ (Year)	Birth date:	Age:	Sex:
					□ M    □ F
□ Allergies:					
□ Medical History & Medications swimmer is currently taking					
<b>IN CASE OF EMERGENCY</b>					
Name of local friend or relative (not living at same address):		Relationship to patient:	Home phone #: (    )	Work/Cell phone #: (    )	
<p>Swimming training and competition is strenuous physical activity. Pre-existing medical conditions can pose serious dangers in the context of rigorous athletic training. Parents are required herein to certify to the best of their knowledge that they are not aware of any pre-existing medical condition which would prohibit their child's participation in training and competition; that they absolve the Hurley Swim Team from, having in any way, the obligation to make the assessment of suitability to participate in training and competition; and that they will cease their child's participation in such activities after any change in medical condition that would affect their child's suitability for training and competition. Parents should also be aware of the danger of serious accidental injury that is inherent in a sport that involves dives and other activities in and around swimming pools.</p> <p>I have read the above advisory. I understand the health and safety dangers posed by participation in the competitive swimming program of the Hurley Swim Team. I assure the Club, its Board of Directors and coach employees, that: my child is physically able to participate fully in all training and competitive aspects of the swimming program. I agree to cease, and discontinue for the duration of, my child's participation upon any change in their medical condition that would affect their suitability for training and competition. I also give permission for the Hurley Swim Team to obtain emergency medical assistance for my child / children, listed, in case I cannot be reached.</p> <p>The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.</p>					
_____ <i>Patient/Guardian signature</i>				_____ <i>Date</i>	