

SWIMMER INFORMATION

Swimmer 2

Name: _____ Date of Birth: _____
Last First Middle Initial month\date\year
Preferred Name: _____ Sex: M- F USA Citizen? Duel Citizen?
Yes No Yes No

Pool: Deland Delt OR PC P.O.
Group: Bronze Silver Gold Senior II Senior I
Training Start Date: _____ **(Please put the date your swimmer started training)**
If your swimmer was previously registered with another USA Swim Team please fill out the line below.
Team: _____ LSC: _____ Last date of Competition: _____

The below information is optional and is forwarded to USA Swimming for statistic purposes.

Other Swimming Affiliations: _____ Physical Disability: _____
(High School, Summer League)
Ethnicity: _____ Cognitive Disability: _____

SWIMMER INFORMATION

Swimmer 3

Name: _____ Date of Birth: _____
Last First Middle Initial month\date\year
Preferred Name: _____ Sex: M- F USA Citizen? Duel Citizen?
Yes No Yes No

Pool: Deland Delt OR PC P.O.
Group: Bronze Silver Gold Senior II Senior I
Training Start Date: _____ **(Please put the date your swimmer started training)**
If your swimmer was previously registered with another USA Swim Team please fill out the line below.
Team: _____ LSC: _____ Last date of Competition: _____

The below information is optional and is forwarded to USA Swimming for statistic purposes.

Other Swimming Affiliations: _____ Physical Disability: _____
(High School, Summer League)
Ethnicity: _____ Cognitive Disability: _____

This form, USA Swimming Registration, Birth Certificate and fees
are to be mailed to the Billing Department
Daytona Beach Swimming
P.O. Box 291968
Port Orange, FL 32129

Daytona Beach Swimming Medical Release Form 2009-2010

To whom it may concern:

I declare that I am the parent or legal guardian of _____, a minor, age _____. I have full custody and control of the child. In the event that my child is injured or should require medical attention, I hereby authorize you to contact our physician as listed below. In the event that this doctor cannot be reached, I hereby authorize this coach or any other Daytona Beach Swimming representative to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees, or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone numbers below.

In case I cannot be reached, or in case of emergency, medical treatment as described above may proceed without further authorization.

Signed: _____ Date: _____
Parent or Guardian

Child's Name (First Middle Last): _____ Birthday: _____

Street: _____

City: _____ Zip: _____

Fathers Name (First Last): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mothers Name (First Last): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to notify in case of an emergency:

1. _____ Phone: _____

2. _____ Phone: _____

Physician: _____ Phone: _____

Hospital: _____

Medical Insurance Company: _____

Medical Insurance Number: _____

Special instructions regarding emergencies, (Physical problems, allergies, etc.)- *****any prescription medication such as inhalers which the swimmer uses while under the coach's supervision must have a signed doctor's note accompanying this medical release or swimmer will not be allowed in practice.**

<p>POOL: Edge _____ Orm _____ PC _____ PO _____</p> <p>TRAINING GROUP: BRONZE _____ SILVER _____ GOLD _____ SENIOR II _____ SENIOR I _____</p>
--

THE MEDICAL RELEASE FORM IS TO BE FILLED OUT
AND TURNED IN TO YOUR SWIMMER'S COACH.