

**YMCA OF GLOUCESTER COUNTY
SWIM TEAM REGISTRATION/HEALTH FORM**

**This form must be returned WITH A COPY OF THE SWIMMERS BIRTH CERTIFICATE,
before November 2 in order for your child to swim.**

Name: _____ **Sex:** Male or Female

Birth Date: ____/____/____ **Age as of December 1, 2009** _____

Phone number: Day (____) _____ **Evening** _____

Address _____ **City** _____ **Zip** _____

Email Address (please PRINT clearly) _____

Parents Name: Mother- _____ **Father-** _____
(list last name to if different than child's)

In case of Emergency notify _____ **Relation** _____
(If parents are not available) Phone Number _____

Bathing Suit Size _____ **T-shirt size:** Adult-- S M L XL (Circle)
(If known--22 - 40) **Sweatpants/Short Size:** Adult – S M L XL (Circle)

HEALTH HISTORY

Answer YES or NO if your child has ever experienced any related signs or symptoms.
This information is important to the coaches in case an emergency may arise.

ASTHMA _____ If YES, Medication (please send inhaler) _____
DIABETES _____ If YES, Medication- _____
EPILEPSY _____ If YES, Medication- _____
ALLERGIES _____ If YES, to what- _____

Are there any learning disabilities, restrictions, or medical needs the coaches should be aware of?

EMERGENCY CARE PERMISSION

In case of emergency, I hereby give permission for the coach(s)/ lifeguard to administer First Aid or for a Doctor at the nearest Emergency Room to administer Advanced Medical Care to my child if they are injured during practice or at a meet.

Signature of parent/guardian Print Name Date

**Coaches are First Aid and CPR certified

