

MANTECA AQUATICS

Swimmer Data:

Name: First _____ Last _____ M.I. _____ Age _____ M / F Birth

Date: ____/____/____

Family / Billing Data:

Father's Name _____ Work / Cell Phone _____ Home
Phone _____

Mother's Name _____ Work / Cell Phone _____ Home
Phone _____

Home (Billing) Address _____ City _____

Zip _____

Email Address _____ (monthly billing notices and other team communication
are sent via email)

We have received a copy of the Manteca Aquatics Parent Handbook, which outlines the policies and procedures of Manteca Aquatics as well as the financial and volunteer commitments required of each member family.

- Swim fees are due on the 1st of each month – a late fee applies after the 15th**
- All swimmers must be registered members of USA Swimming – an annual fee of \$55**
- Parent(s) must be willing to work at least one shift each swim meet that their child attends.**

We understand that fulfillment of these commitments is necessary for the welfare and continued success of Manteca Aquatics and will be a condition for participation of our swimmer(s) on the team.

Parent Signature: _____ **Date:** _____

Medical Data:

If you answer "Yes" to any question please explain further in the space provided or on the back of this page.

- | | | |
|-----|----|---|
| Yes | No | Has the athlete ever required hospitalization, surgery, injury or suffered serious medical illness? |
| Yes | No | Does this athlete have any known allergies to medications? |
| Yes | No | Has any Physician ever placed limits on the athlete's participation in competitive sports? |
| Yes | No | Has the athlete ever blacked out or lose consciousness during physical activity? |
| Yes | No | Is the athlete currently under the care of a Physician? |
| Yes | No | Does the athlete wear contacts or glasses? |
| Yes | No | Does the athlete take any regular medications? If so, please name medicine, Dr. and dosage: |
| Yes | No | Are there any other conditions that the staff should be aware of? |

Consent Form for Medical Care

I understand the Manteca Aquatics coaching staff will contact 911 if he or she deems it necessary. I give my consent for reasonable medical care to be given for my child, named above, such as administration of any treatment deemed necessary by a licensed physician and the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. The authorization does not cover major surgeries unless the medical opinions or two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Health Insurance Carrier: _____

Policy/Member Number: _____

Pediatrician (Family Physician) Name, Address & Phone #:

Dentist Name, Address & Phone #:

Emergency Contact Name(s) & Phone # (s):

Parent Signature: _____ **Date:** _____