Co-ed Swim Team Registration Form

Swim Team registration begins Apr, 2022. Please provide all the information requested. Mail completed form with payment to: Your local Pool. To register by phone, call Your local Pool (Blue Earth 526-3376 or 526-2715). Use one form for each Person you register. Practice will be Tue & Thur. @ 12:15-1:15. Starting Jun 14th We will have Intramural Meets against AM lap swimmers, Lifeguards, and a Parent meet.

MAIN CONTACT INFORMATION

Parent/guardian's full name:_____ Relationship to Student:

Address:_____ Day phone:

City/State/ZIP:_____ Evening phone:

Email address*:_____ Cell phone:

confirmation and information will be sent via email.

Student INFORMATION

full name:_____ Grade in fall 2022:

school:_____ Date of birth:

Emergency contact name:_____ Primary phone:

Relationship to student:_____ Secondary phone:

SWIM TEAM REGISTRATION

Start date: June 8, 2021 End date: July 31, 2022 Swim Team Location: Blue Earth Pool.

List any accommodations needed (accessibility, interpreter, allergies, etc.):

_____

PERMISSION

I give permission for my Son or daughter to attend and to participate in all phases of this program, including field trips if applicable. I give permission to take photographs and/or video of my son or daughter for publicity purposes. I verify that my Son or Daughter can swim at least 25 yards.

Parent/guardian signature:_____ Date: _____

PAYMENT INFORMATION

☐ Swim Team Fee: **$40 For the Blue Earth Swim Team**

☐Payment method: Check/money order payable to Blue Earth Pool enclosed: $ ___

Student **Health History Form**

Please print clearly in ink. MEMBER ADULT MEMBER Staff

CONTACT INFORMATION

Individual ☐		
First Name:	Middle Name:	Last Name:
Mailing Address: Apt. #:		PO Box:
City:	State: Zip Code:	Phone: ( )
Cell: ( )	E-mail:	
Parent/Guardian(s) Name and address *(If different)*		Phone: ( ) Cell: ( )
Parent/Guardian(s) Name and address *(If different)* 2.		Phone: ( ) Cell: ( )

Custodial Care Information: ☐ Both Parents ☐ One Parent (specify):_____ ☐ Other: _____

Name of Family Physician:	Phone: ( )
Family Medical/Hospital Insurance Carrier:	Policy or Group No:
Family Dental Insurance Carrier:	Policy or Group No:

HEALTH INFORMATION

Health Information: Age: Date of Birth: ☐ Immunizations are up to date.

Date of last Tetanus shot:

Date of last health examination: Were there any medical problems at the time?

Does participant have any physical, mental or psychological conditions requiring medication, treatment, or other special restrictions or considerations?

☐ Yes ☐ No If yes, please state medication and reason:

Does participant take any prescribed medications or over-the-counter drugs on a regular basis?

☐ Yes ☐ No If yes, please state medication and reason:

Is participant restricted or limited from participating in any physical activity?

☐ Yes ☐ No If yes, please explain:

Please provide a record of past medical treatment, if any, including injures or surgeries:

Participant has the following health conditions/allergies/dietary restrictions (food and medications):

☐ ADHD ☐ Asthma ☐ Diabetes ☐ Headaches ☐ Seizures ☐ Other: _____

☐ Allergies (specify):

Emergency Contact (non-parent):

Relationship:	Phone: ( )	Cell: ( )

AUTHORIZATION

PARENT/GUARDIAN AUTHORIZATION

This health form is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my Son/daughter should not participate in the prescribed activities except as noted. In the event that my Son/daughter needs medical attention while participating in Swim team activities, I authorize the adult in charge to see that my Son/daughter receives routine healthcare, medications, reasonable first aid, and to transport my child to a health care facility for emergency services as needed.

Signature of parent/guardian: Date:

ADULT MEMBER AUTHORIZATION

This health history is complete and accurate. I am able to engage in all prescribed activities except as noted.

Signature of adult member: Date: