



CFYN Swim Team

Registration and Emergency Medical Authorization Form



Swimmer Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Initial	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Gender	<input type="text"/>	Grade	<input type="text"/>
				Birthdate	<input type="text"/>

USA Swimmer

Last Year ☐ Yes ☐ No This Year ☐ Yes ☐ No

Parent or Guardian Contact Information

Mother	<input type="text"/>	Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Father	<input type="text"/>	Home Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Email	<input type="text"/>				

Can we list your contact information on the roster that is distributed to the team? ☐ Yes ☐ No



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Part I or II Must be Completed

Last Name

First Name

Part I: To Grant Consent

I hereby Give consent for the following providers and local hospital to be called.

Physician

Phone

Dentist

Phone

Alt. Emergency Contact

Phone

Local hospital

Phone

In the event reasonable attempts to contact me have be unsuccessful. I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors or in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two licensed doctors or dentists, concurring in the necessary for such surgery, are obtained prior to the performance of such surgery. Please list facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted in the box below. Use back of sheet if necessary.

Medical
Conditions

Medications

Parent Signature

Date

Part II: Refusal To Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I want the following action taken. Use back of sheet if necessary

Parent Signature

Date

Volunteer Coordinator Copy

Turn in at volunteer table

Last Name

First Name

CFYN VOLUNTEER CONTRACT

The Tiger Sharks swim team is run ENTIRELY by volunteers. Without your help and commitment, meets do not run smoothly. By signing this agreement you agree to volunteer for at least 2 home dual meets, and 2 CFYN hosted invitationals. Parents of League and Zone swimmers agree to volunteer for at least 1 shift at those meets, in addition to the dual meet requirement. Once you have signed up to volunteer it is YOUR responsibility to find your replacement and notify the volunteer coordinator in the event you are unable to fulfill your obligation for that meet.

Parent Signature

Date

Merchandise Copy

Turn in at CFYN merchandise table.

Last Name

First Name

Email

Name or Nickname On TShirt

T-Shirt Size