



# CFYN High School Preseason

Registration and Emergency Medical Authorization Form



## Swimmer Information

Last Name  First Name  Middle Initial

Address  City  Zip Code

Phone Number  Gender  Grade  Birthday

## ***High School Program In Which to Participate***

Full Team Participation (\$190/ 1st Swimmer) Practice starts September 6th

Fall Athlete/Partial Participation (18 Practices for \$95)

Which HS Do you Swim For

## **USA Swimmer**

Yes      No

## Parent or Guardian Contact Information

Mother  Home Phone  Cell Phone

Father  Home Phone  Cell Phone

E-mail

**Can we list your contact information on the roster that is distributed to the team?**

Yes  No



# CFYN Swim Team

## Registration and Emergency Medical Authorization Form



### 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	<input style="width: 95%; height: 20px;" type="text"/>	Phone	<input style="width: 95%; height: 20px;" type="text"/>
Dentist	<input style="width: 95%; height: 20px;" type="text"/>	Phone	<input style="width: 95%; height: 20px;" type="text"/>
Alt. Emergency Contact	<input style="width: 95%; height: 20px;" type="text"/>	Phone	<input style="width: 95%; height: 20px;" type="text"/>
Local hospital	<input style="width: 95%; height: 20px;" type="text"/>	Phone	<input style="width: 95%; height: 20px;" type="text"/>

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

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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

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Parent Signature

Date

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## Team T-shirt

Turn this in with your registration forms.\* Additional t-shirts and other CFYN merchandise can be ordered at our merchandise table

Last Name

First Name

E-mail

Name or Nickname On T-shirt

T-shirt Size

- Youth Small
- Youth Medium
- Youth Large
- Adult Small
- Adult Medium
- Adult Large
- Adult XL
- Adult XXL

\*Registration forms must be recieved by September 13th to guantee a t-shirt.  
T-shirts for later registrations are will be given subject to availability.