Print Form

CFYN Swim Team
High School Pre-season

Registration and Emergency Medical Authorization Form

Swimmer Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ Zip Code _____

Phone Number _____ Gender _____ Grade _____ Birthday _____

USA Swimmer ?

Last Year ◯ Yes ◯ No This Year ◯ Yes ◯ No

Participation Level ◯ Full Time ◯ Single Day

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

High School Pre-Season

Registration and Emergency Medical Authorization Form

Part I or II Must be Completed

Last Name _____ First Name _____

Part I: To Grant Consent

I herby 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

Team T-shirt

Turn this in with your registration forms Each swimmer receives a team T-shirt at no additional charge 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