

Stow Wellness Center & Kent Roosevelt Pool
High School Preseason
Program Registration Form

Swimmer Information

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Gender: M or F (circle) Birthdate: _____

Parent's Name (s) _____

Primary Email Address _____

Parent's Phone Number _____

Optional USA Swimming add on to Option 2 or 3 for an additional \$82 (includes USA membership). Y___ N___

T-shirt Size _____ Name on Back of T-shirt _____

Emergency Medical Form

Part 1 or Part 2 Must be completed

Part I: To Grant Consent

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

Swimmer Name _____ Age _____

Physician: _____ Phone: _____

Parent Contact 1 _____ Phone: _____

Parent Contact 2 _____ Phone: _____

Alt. Emergency Contact _____ Phone: _____

In the event reasonable attempts to contact me have been 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 opinion 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 area 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