



# CFYN High School Preseason

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"/>	Birthday	<input type="text"/>

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

Full Team Participation (\$165/ 1st Swimmer) Practice starts September 8th

Meet Only Affiliate (\$50 / Swimmer) See your coach for start date

## **USA Swimmer**

This Year? Yes No

Last 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"/>
E-mail	<input type="text"/>				

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

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.\* 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.