

# VISALIA SEAHAWK SWIM TEAM

## EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Swimmer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Family Medical Insurance:

Carrier: \_\_\_\_\_ Group: \_\_\_\_\_ Policy# \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (list): \_\_\_\_\_

Serious Medical Conditions (list): \_\_\_\_\_

I/We hereby grant consent to any and all health care providers designated by the Visalia Seahawks to provide my child \_\_\_\_\_ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Guardian Signature