

**Willmar Aquatic Racing Stingrays
Medical Information/Emergency Contact**

Swimmer Information

Swimmer Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Home e-mail _____

Parent/Guardian Information

Parent/Guardian #1 Name _____ Cell Phone _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Work e-mail _____
Parent/Guardian #2 Name _____ Cell Phone _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Work e-mail _____
Emergency Contact Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Doctor/Insurance Information

Medical Insurance Provider _____ Policy Number _____
Physician Name _____ Phone _____
Dentist Name _____ Phone _____
Clinic _____ Hospital _____
Prescribed Medications _____
Drug Allergies _____

Medical Concerns

Please circle any of the conditions that apply to your swimmer. Use the space below to fully explain. Describe how our coaching staff should deal with any situations resulting from these conditions. Attach additional sheets if necessary.

Asthma	Soft Tissue Injuria	Muscle/Joint Injuries	Behavioral Problems
Seizures	Allergies	Hearing/Vision Problems	Head, Neck, Back Injuries
Diabetes	Heart Problems	Neurological Conditions	Psychological Problems
ADHD	Ear Problems	Neuromuscular Conditions	Drug/Alcohol Problems

I, the undersigned parent or guardian, hereby give permission for participation in the Willmar Aquatic Racing stingrays. Willmar Aquatic racing Stingrays will attempt to contact parents/guardians in the event that a situation requiring medical attention arises. I give authorization for a representative of Willmar Aquatic Racing Stingrays to seek medical treatment for my child in the event that Willmar Aquatic Racing Stingrays is unable to contact a parent/guardian or the emergency contact listed below

Parent/Guardian Signature _____ Date _____