

2018-19 SEASON
SOUTH SHORE SEA DRAGONS REGISTRATION INFORMATION

SWIMMER INFO

Name: _____

Date of Birth: _____

School & Grade: _____

Home Address: _____

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

PARENT/GUARDIAN INFORMATION

Name(s): _____

Phone # (home): _____

Phone # (cell): _____

Phone # (cell): _____

Email Address(es): _____

EMERGENCY CONTACTS (two, please)

Name: _____

Relationship: _____

Phone #: _____

Name: _____

Relationship: _____

Phone #: _____

MEDICAL INFORMATION

Physician Name: _____

Physician Phone #: _____

Dentist Name: _____

Dentist Phone #: _____

Insurance Company Name & Plan: _____

Insured Employee: _____

Employer Name: _____

Insurance ID/Group #: _____

MEDICAL CONDITIONS

List all allergies (food, medicine, insects, etc.)

List all current prescriptions (name, dosage, purpose)

2018-19 SEASON
SOUTH SHORE SEA DRAGONS REGISTRATION INFORMATION

MEDICAL CONDITIONS CONT.

List any chronic medical conditions and prior injuries (surgeries, broken bones, concussions, etc)

OTHER

Please list any other information you feel the staff should know about your swimmer.

EMERGENCY TREATMENT AUTHORIZATION

I, or as parent or legal guardian of the minor child,

_____, as described above, authorize the South Shore Sea Dragons, or adults delegated by the South Shore Sea Dragons, to seek appropriate care and authorize the necessary consents for any medical treatments, at my expense, in the event of an emergency when no parent or guardian can be reached within a reasonable and safe period of time.

Print Name: _____

Signature: _____

Date: _____