

THE DUBUQUE COMMUNITY Y DOLPHIN EMERGENCY CONTACT FORM – REGISTRATION FORM

Swimmer's Name: _____

Address: _____

Parent E-mail: _____ (Required) Phone: _____

Age: _____ (as of December 1) Birth Date: _____

T-shirt size: youth _____ adult _____

Choice of Physician or Hospital: _____

Medical Insurance Company: _____

Policy Holder: _____ Policy Number: _____

Any known Allergies: _____

Any Medical Condition to be aware of: _____

Any Medications currently being taken: _____

Father's Name: _____

Father's Home Phone: _____ Work/Cell Phone: _____

Mother's Name: _____

Mother's Home Phone: _____ Work/Cell Phone: _____

Alternate Contact: _____ Relationship: _____

Alternate Home Phone: _____ Work/Cell Phone: _____

Permission to treat Minor Child

I, _____, do voluntarily consent to any diagnostic procedure and hospital care, and to such medical, surgical, or x-ray treatment that may be required during my absence and unavailability.

(Signature of Parent or Legal Guardian) (date)

Permission to travel with the Dubuque Community Y- Swim Team

_____ has my permission to travel with the Dubuque Swim
(Swimmer's full name) Team to their out-of-town swim meets.

(Signature of Parent of Legal Guardian) (Date)

Directory Permission:

If you are interested in this please check the areas that you would like displayed:

Swimmer's Name _____ Parent's Name _____ Address _____ Phone _____ Email _____

