



Oroville Orcas Swim Team



2017 REGISTRATION FORM

Emergency Contact and Medical Information for a Child

Child's Name		Date of Birth		M	F
Parent's/Guardian's Name		Parent's/Guardian's Name			
Home Phone	Work Phone	Home Phone	Work Phone		
Street Address		Street Address			
City	State	Zip	City	State	Zip

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact			
Home Phone	Work Phone	Home Phone	Work Phone		
Street Address		Street Address			
City	State	Zip	City	State	Zip

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I (we) hereby give permission for _____ to participate in practice and swim meets with the Oroville Orcas Swim Team throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of Orcas, chaperones or volunteers working with the group personally liable for any accident which may occur.

In case of minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches to treat these as they deem necessary. In the event of a more serious injury, I give permission for it to be handled in the best manner as determined by the coaches of Orcas until I (we) are contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL: Permission is hereby granted for you at the discretion of the coaches of the Oroville Orcas to perform whatever care is necessary for the welfare of my child until such a time as you are able to reach me personally.

Parent's/Guardian's Signature	Date
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