



CITY OF CHANDLER - AQUATICS DIVISION
RECREATION SWIM TEAM
PARTICIPANT HEALTH CARD



Please check ONE:

- Arrowhead Dolphins Arrowhead Sea Lions Mesquite Sting Rays West Chandler Hammerheads

Today's Date: _____

Participant's: First Name: _____ Last Name: _____

Gender: Male Female Age: _____ Height: ___ feet ___ inches Weight: ____ lbs.

What would you say is the present state of the participant's physical health?

- Excellent Good Fair Poor

Participant's Physician Name: _____ Phone # (____) _____ - _____

Emergency Contact: _____ Phone # (____) _____ - _____

Relationship: _____ Cell Home Work

Is the participant presently taking any medication? Yes No

If yes, please list medication(s): _____

Please check if the participant has or has had within the past year any of the following medical conditions:
(Please check all that apply)

- A history of heart problems
- Difficulty with physical exercise. If checked, please describe _____
- A chronic illness. If checked, please describe _____
- Advice from a physician not to exercise
- Muscle, joint, or back disorder that could be aggravated by physical activity
- Diabetes. Does your child take insulin? Yes No
- Epilepsy. Does your child have seizures? Yes No

Are there any other conditions or special needs we should be aware of? _____

Parent/Guardian Name: _____

Relationship: _____

Email Address: _____

Parent/Guardian Name: _____

Relationship: _____

Parent/Guardian Signature: _____

Phone # (____) _____ - _____

Cell Home Work

Phone # (____) _____ - _____

Cell Home Work

Date: _____