



## EMERGENCY MEDICAL AUTHORIZATION

(Please Print in the white spaces)

<b>IF SWIMMER OVER 18</b>			
I hereby grant permission, in case of an injury, to have an athletic trainer and or medical doctor provide with medical assistance and or treatment.			
Name:	Signature:	Date:	
<b>IF SWIMMER UNDER 18</b>			
If you are under 18 years of age, a parent/guardian must provide consent for you to be given medical assistance and/or treatment by signing immediately below.			
Name of Parent/Guardian:	Relationship:	Signature:	Date:
<b>INSURANCE INFORMATION</b>			
If athlete is covered by any insurance company, please complete the following			
Name of Carrier:	Policy Number:		
Address:			
<b>MEDICAL HISTORY QUESTIONNAIRE</b>			
Please Circle the correct answer:			
Yes	No	Has this athlete ever been hospitalized, had surgery, injury, and/or serious illness?	
Yes	No	Is this athlete now under the care of a physician or taking medication?	
Yes	No	Has any physician ever recommended limits on competitive sports?	
Yes	No	Does this athlete have any allergies to medication?	
Yes	No	Does this athlete wear glasses or contact lenses?	
Yes	No	Has this athlete ever blacked out or lost consciousness during exercise?	
If the answer is YES to any of the above questions please specify.			
Doctor's Name:	Doctor's Phone:	Emergency contact:	Emergency Contact Phone:
Any Medical Condition:		Medication:	
bgcucaquatics.org/swim_team		(908) 687-2697 ext. 109	



**Official Use Only**

Amount Paid: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION FORM**

(Please Print in the white spaces)

Today's date:			
<b>ATHLETE INFORMATION</b>			
Last Name:	First Name:	Middle Name:	Preferred Name:
Birth Date:	Age:	Gender Male/Female:	Club Number:
/ /			
Swimmer's E-mail:		Cell Phone:	
		( )	
<b>PRIMARY MAILING INFORMATION</b>			
Parent 1 First Name:	Last Name:	Parent 2 First Name:	Last Name:
Mailing Address:			
City:	State:	Zip Code:	
Home Phone:	Fax Phone:		
( )	( )		
Parent 1 Office Phone:	Cell Phone:	Parent 2 Office Phone:	Cell Phone:
( )	( )	( )	( )
Parent 1 E-mail:	Parent 2 E-mail:		
<b>LEVEL INFORMATION</b>			
Returning swimmers, make sure to check the TWST bulletin board for appropriate team level			
Team Level:	Year:	Season: (Fall/Winter or Spring or Summer)	
I have read and agreed to follow the team's policies and code of conduct			
Swimmer's Signature:		Parent's Signature:	
bgcuquatics.org/swim_team		(908) 687-2697 ext. 109	