

Manoa Aquatics Swimmer Information Form

Swimmer's Name: _____ Sex: _____ Birth date: _____
 (Please print): (Last) (First) (Middle Initial)

Swimmer Shirt Size (circle one): YM YL YXL AS AM AL AXL

Home Address: _____ Apt. # _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____ Home Phone _____

E-mail Address: _____ Child resides with _____

Father's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____	Mother's/ Guardian's Name _____ Employer _____ Home Phone _____ Bus. Phone _____ Cellular Phone _____ Pager No. _____
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Swim Experience:

A swimmer must be able to swim 50 Meter freestyle without stopping and have the ability to swim 2 or the 4 competition strokes (freestyle, breaststroke, butterfly, and backstroke).

1. Swim Lessons: Yes _____, if so, # of years or sessions _____ No lessons _____

2. Swim Team: Yes _____, if so Team name _____ and # of years _____

Best Stroke/ Time (ie. 100M freestyle/ 1:02.50) _____

EMERGENCY CONTACTS in case swimmer listed above becomes ill or is injured at practice, meets or club related events and I cannot be contacted, Manoa Aquatics has my permission to contact and release my child to the custody of one of the following:

	Name	Relationship	Phone
1.	_____	_____	_____
2.	_____	_____	_____

Family Physician _____ Phone _____

Health insurance: _____ Name of subscriber: _____ Policy #: _____

If my child needs to be taken to an emergency facility, I give consent for Manoa Aquatics to take appropriate action for the safety and welfare of my child.

My child receives **regular** care for the following medical condition: _____ No medical condition

____ Yes, please specify medical condition: _____

Allergies: List and date of last reaction _____

Parent's/Guardian's Signature Date

To assure prompt attention to your child, PLEASE NOTIFY YOUR CHILD'S COACH OF ANY CHANGE IN PHONE NUMBERS OR ADDRESS.

02/21/07