

# Norwich YMCA DOLPHINS

## 2009-2010 SWIMMER DATA SHEET

<b><u>Swimmers Name:</u></b>			
Last: _____	First: _____	MI__	DOB _____
Last: _____	First: _____	MI__	DOB _____
Last: _____	First: _____	MI__	DOB _____
Last: _____	First: _____	MI__	DOB _____
<b><u>Swimmers Address:</u></b>			
Street: _____			
City: _____	State: _____	Zip: _____	
<b><u>Home</u></b>			
<b><u>Phone:</u></b> _____			
<b><u>Primary E-Mail:</u></b> _____			
<b><u>Secondary E-mail:</u></b> _____			

<b><u>Male Guardian's Name:</u></b> _____	
<b><u>Home</u></b>	<b><u>Work</u></b>
<b><u>Phone:</u></b> _____	<b><u>Phone:</u></b> _____
<b><u>Cell</u></b>	
<b><u>Phone:</u></b> _____	
<b><u>Female Guardians Name:</u></b> _____	
<b><u>Home</u></b>	<b><u>Work</u></b>
<b><u>Phone:</u></b> _____	<b><u>Phone:</u></b> _____
<b><u>Cell</u></b>	
<b><u>Phone:</u></b> _____	
<b><u>Address to send important information if different from swimmers:</u></b>	
Street: _____	
City: _____	State: _____ Zip: _____

Please initial your agreement:

\_\_\_\_\_The YMCA has my permission to use photographs of my child in promotional materials such as brochures, ads or newspaper releases. I will not be informed or reimbursed for such photographs.

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Swimmers Name: \_\_\_\_\_

If there is anything that you feel we should know about your child's health or medical history PLEASE list and explain below:

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In the case of an emergency, when we cannot reach one of the guardians, PLEASE list 3 additional contacts below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that you and/or your emergency contacts cannot be reached, please complete the following:

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Swimmers Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimmers Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give the Norwich YMCA permission to act according to their best judgment in situations where medical or surgical treatment is required. I accept responsibility for all bills resulting from any illness/injury to my child while attending the YMCA program.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_