

Norwich YMCA DOLPHINS

2011-2012 SWIMMER DATA SHEET

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

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

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: _____