



FALL/WINTER 2011/12

SWIMMER REGISTRATION

SWIMMER INFORMATION			
Name		Gender	
Age		Date of Birth	
PARENT INFORMATION			
Parent Name(s)			
Address			
Home Phone		Cell Phone	
Parent Email			
<i>Email address will be used only for MAAC updates, meet information, and club communication.</i>			
EMERGENCY CONTACT INFORMATION			
Please indicate whom should be contacted if parent(s) cannot be reached in an emergency involving this swimmer.			
Name		Relationship to Swimmer	
Address		City/State/Zip	
Home Phone		Cell Phone	
PARENTAL AGREEMENTS			
Parental Support	MAAC relies on volunteers. Please check areas in which you would be willing to help. <ul style="list-style-type: none"> <input type="checkbox"/> Swim banquets <input type="checkbox"/> Fundraising <input type="checkbox"/> Special events <input type="checkbox"/> Advertising/promotion <input type="checkbox"/> Bulletin board 		
Photo Release	MAAC often photographs swimmers at events. Please indicate your preference. <ul style="list-style-type: none"> <input type="checkbox"/> I do give MAAC permission to use any pictures taken of my swimmer(s) in future MAAC publications and/or for press releases. <input type="checkbox"/> I do not give MAAC permission to use any pictures taken of my swimmer(s) in future MAAC publications and/or press releases. 		
Medical Release	Your signature below indicates that you agree to the Medical Release on the reverse of this sheet and have provided complete and accurate information to all questions on this form.		
Parent Signature		Date	

Reverse side must be completed as well. Please turn over »



MEDICAL RELEASE

I certify that, to the best of my knowledge and belief, my child is in good physical condition and has no impairment that would make full participation in the program inadvisable. I hereby authorize Menomonie Area Aquatic Club (MAAC) to release this medical information to MAAC coaches and, when necessary and beneficial to the swimmer, to appropriate medical personnel. I also authorize MAAC and its coaches to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is deemed necessary. I understand that I am responsible for any costs incurred.

Every effort will be made to contact parents or guardians before such action is taken. The purpose of this release is to prevent a dangerous delay in case an emergency does occur and MAAC coaches are unable to contact parent(s) or guardian(s).

Allergies to food, medication, insects/plants?	
Current medications	
Physical impairments or limitations	

MEDICAL/INSURANCE INFORMATION

Swimmer's Physician		Physician Phone	
Carrier		Carrier Phone	
Policy #			
Group or Other Info (optional)			

Medical information will be shared only with MAAC coaches.