

Y of Western Monmouth County
2008-2009
**SWIM TEAM PARENTAL AUTHORIZATION
and
MEDICAL RELEASE FORM**

We hereby grant permission for our child : (one form per swimmer)

_____DOB ____/____/____ M F
Last Name First Name Middle Initial circle one

Grade attending in September 2008_____

To practice, train, travel, and compete with the YMCA of Western Monmouth County Swim Team.

We hereby state that our child is medically and physically fit to participate in the competitive swim program.

ADDRESS_____

CITY_____STATE_____ZIP_____

HOME PHONE_____WORK PHONE_____

INSURANCE COMPANY_____

POLICY NUMBER_____

PHYSICIAN_____TELEPHONE_____

ADDRESS_____CITY_____ZIP_____

PARENTS E-MAIL ADDRESS _____

T-shirt size circle one: youth S youth M youth L adult S adult M adult L adult XL

Please note: This information will be used for notification of cancelled Practices, meets, billing, and other important information.

KNOWN ALLERGIES_____

SPECIAL MEDICAL CONSIDERATIONS_____

SIGNATURE (Parent or Guardian)_____DATE_____

PLEASE **PRINT** PARENTS' NAMES FOR OUR PHONE LIST

MOTHER_____

FATHER_____

One form required for each swimmer