



Walter Schroeder Aquatic Center

Home Schooled Aquatics Registration Information

Parent (s) Name _____
Child Name/Age _____
Child Name/Age _____
Child Name/Age _____
Child Name/Age _____
Child Name/Age _____

Street Address _____
City _____ **Zip** _____ **Phone (_____)** _____ - _____
E-Mail Address _____ @ _____

Medical Information

Any Known health problems or allergies: (name and info please)

Family Doctor: _____ **Telephone Number** _____
Emergency Contact # _____ **relation** _____
Insurance Provider: _____

(Waiver and) Permission for Medical Treatment and Access to Records

In this event of an athletic injury requiring medical attention, I hereby grant permission to a physician or hospital personnel designated by the Schroeder Swim Instructor to attend to the medical needs of my child _____ . (print name)

I expect reasonable efforts will be made to contact me in order to receive my specific authorization before any treatment of hospitalization is undertaken. I hereby accept responsibility for the costs arising from any treatment provided to my son or daughter.

I hereby authorize the Schroeder Aquatic Center to disclose any relevant medical information about my child, which it may possess to any physician or hospital personnel who attend to the medical needs of my child.

I have read all of the above, and understand it. I execute it voluntarily and with full knowledge of its significance.

Parent/Guardian Signature