



## Walter Schroeder Aquatic Center

### ***Super Stars Registration Information***

**Parent (s) Name** \_\_\_\_\_

**Child Name/Age(s)** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone (\_\_\_\_)** \_\_\_\_\_ - \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

### ***Medical Information***

**Any Known health problems or allergies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

\_(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

**Telephone Number**

**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**

\_\_\_\_\_