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| **SWIMMER INFORMATION FORM (to be completed for each meet and submitted with meet fees)** |
| Name of SwimmerClick here to enter text. | Date of BirthClick here to enter a date. | MCP #Click here to enter text. |
| Swimmer’s Cell Phone NumberClick here to enter text. |  | MCP Expiry DateClick here to enter a date. |
| **EMERGENCY CONTACT INFORMATION – In the event that your child has to be sent home due to illness or for disciplinary reasons, please provide the name of the contact that will be assuming responsibility of your child on arrival back in St. John’s. This is especially necessary in case both parents plan to be out of town during the duration of the Legends team trip.** |
| Contact NameClick here to enter text. | Relationship to SwimmerClick here to enter text. | Phone NumberClick here to enter text. |
| Contact NameClick here to enter text. | Relationship to SwimmerClick here to enter text. | Phone NumberClick here to enter text. |
| **MEDICAL INFORMATION**  |
| Medication - In case medical attention is required, list all medications swimmer is taking during the meet.  | Swimmer will store and self-administer this medication | Chaperone is required to store and administer this medication |
| Click here to enter text. |[ ] [ ]
| Click here to enter text. |[ ] [ ]
| Click here to enter text. |[ ] [ ]
| Click here to enter text. |[ ] [ ]
| List any other medical conditions/concerns/instructions that coaches and chaperones should know to ensure your swimmer’s safety and comfort during the meet. |
| Click here to enter text. |
| **DIETARY CONCERNS** (Please list all food allergies and/or dietary restrictions and instructions to chaperones) |
| Click here to enter text. |
| **OTHER INFORMATION/CONCERNS** |
| Click here to enter text. |
| I have read and understand the Team Travel Policies and Guidelines and allow the above-named swimmer to travel with the team under the supervision of the named chaperones and coaches.Signature of Parent/Guardian DateClick here to enter a date. |