

ST. JOHN'S LEGENDS SWIMMER INFORMATION FORM (to be completed for each meet)		
Name of Swimmer	Date of Birth	MCP #
Swimmer's Cell Phone Number		MCP Expiry 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 Name	Relationship to Swimmer	Phone Number
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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
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
List any other medical conditions/concerns/instructions that coaches and chaperones should know to ensure your swimmer's safety and comfort during the meet.		
DIETARY CONCERNS (Please list all food allergies and/or dietary restrictions and instructions to chaperones)		
OTHER INFORMATION/CONCERNS		
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		Date