UCSC MEMBER INFORMATION

Date: ____________________

CURRENT SWIMMER IN CLUB NAME(first and last):

____

SIBLING FULL LEGAL NAME: ____

Gender: M ◯ F ◯ DOB: _________________________________ Squad: _____________

month day year

Alberta Health Care: ____

Allergies/Medical Conditions: ____

Is the allergy life threatening? ____

I authorize UCSC chaperones to dispense the following medication to my child, as necessary.

TYLENOL Select **ADVIL** Select **REACTINE** Select **GRAVOL** Select

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SIBLING FULL LEGAL NAME: ____

Gender: M ◯ F ◯ DOB: _________________________________ Squad: _____________

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