

Moon Valley Aquatic Club
Registration Form

(Please Fill out ALL information as accurately and as legibly as possible)

Swimmer Information Swimmer Information Swimmer Information

Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Swimmer Cell : (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age today: \_\_\_\_\_

Swimmer Email address: \_\_\_\_\_ Grade: \_\_\_\_ School: \_\_\_\_\_

Parent Information Parent Information Parent Information

Dad's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Dad's Email \_\_\_\_\_ Dad's Cell Phone: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_

Circle the days your child is involved in other activities that may conflict with swim practice.

Monday Tuesday Wednesday Thursday Friday Saturday

Child's other area of interest: \_\_\_\_\_

Child excels at: \_\_\_\_\_

Do you know how to work with computers? Y N Are you interested in becoming an official? Y N

Please Circle Yes or No to the following questions:

Yes No Is your child allergic to any medication? If yes, please list: \_\_\_\_\_
Yes No Does your child take any prescribed medication on a permanent or semi-permanent basis? Please list: \_\_\_\_\_

Yes No Has your child ever had a seizure or seizure disorder?
Yes No Has your child ever been treated for diabetes or hyperglycemia/hypoglycemia?
Yes No Is your child anemic?
Yes No Does your child have high blood pressure?
Yes No Does your child have any heart disease such as rheumatic fever, heart murmur, etc.?

Please list: \_\_\_\_\_

Yes No Does your child have kidney or liver disease?
Yes No Does your child have asthma?
Yes No Has your child had a hernia or ruptured disc?
Yes No Has your child had any type of head injury in the past three years?
Yes No Does your child wear glasses or contact lenses all of the time?
Yes No Does your child wear any type of dental appliance?
Yes No Has your child had any broken bones or fractures the past year?
Yes No Does your child have any type of medical condition that we should be aware of that could affect his or her practice or meet performance?

The answers to the previous questions have been answered truthfully to the best of my knowledge. My son/daughter does not have any medical conditions that would adversely affect his or her safety while in or around water. To the best of my knowledge my child is healthy enough to participate in an aerobic-based, competitive swimming program. Furthermore, I hereby authorize Moon Valley Aquatic Club coach staff, Moon Valley Country Club staff or designated adult chaperones to seek emergency medical attention for my child should the need arise while my child is attending practice or swimming competition not accompanied my me.

Parent or Legal Guardian Signature Date

Notary Public Signature Date