MACHINE AQUATICS
SUPPLEMENTAL REQUEST FOR INFORMATION

Swimmer information			
Last	First	Middle	Date of Birth

Parent / Guardian Contact				
Last	First	Middle	Telephone	
			Home	
Address			Work	
			Other	
			Other	

Non-Parent Emergency Contact Information			
Name	Relationship	Telephone	

Medical Insurance Information			
Medical Coverage Provider	Policy #	Group #	Subscriber #

Permission to dispense:

Aspirin _____ Yes _____ No Tylenol _____ Yes _____ No

Please note that our child is allergic to the following: _____

_____

List all medications and dosages that your child takes on a daily basis: _____

_____

I/we acknowledge that our child will be representing Machine Aquatics, and as such will follow all guidelines and codes of conduct established by Machine Aquatics. We further acknowledge that if our child violates one of the rules of the code of conduct he/she has the right to ask for a hearing before any discipline action is taken.

I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical services to be administered to my son/daughter _____ , if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.

_____ _____
Signature of Parent Date

****THIS FORM MUST BE COMPLETED PRIOR TO BOARDING THE PLANE****