



SHAKER SWIMMING

P.O. Box 201009 • Shaker Heights, OH • 44120 • 216-295-4163 • shakerswimming@msn.com • http://www.shakerswimming.org

EMERGENCY MEDICAL FORM

Complete this form and return it to Shaker Swimming. Please print legibly.

Swimmer's Full Name: _____
Last First Middle

Birthdate: _____ Current Age: _____

Circle one: Male Female

Street Address: _____

City: _____ Zip: _____

School: _____ Current Grade: _____

Home Phone: _____ Parent Email: _____

Parents' Names: _____ and _____
1 2

Parent 1 Work Phone: _____ Parent 2 Work Phone: _____

Parent 1 Cell Phone: _____ Parent 2 Cell Phone: _____

Relative or friend to contact in case of emergency and neither parent can be reached:

Name: _____ Work Phone: _____

Relationship to swimmer: _____ Cell Phone: _____

Any medical information that the coaches should be aware of: (allergies, medications, etc.):

From time to time, Shaker Swimming posts pictures of swimmers on our website. Photos of swimmers are used to highlight individual, group, and team accomplishments, to summarize special events, and to promote Shaker Swimming. If you do not wish photos of your child to be used, please check the box.

<input type="checkbox"/> Permission IS NOT granted to post my child's picture on the webpage.
