SHAKER SWIMMING

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

MASTERS 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: _____

Cell Phone: _____ Email: _____

Home Phone: _____ Work Phone: _____

Relative or friend to contact in case of emergency:

Name: _____ Home Phone: _____

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 you to be used, please check the box.

	Permission IS NOT granted to post my picture on the webpage.

If there are any questions or concerns, please contact Shaker Swimming at (216) 295-4163 or email at shakerswimming@msn.com

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