



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 E-mail: _____

Parents' Names: _____ and _____

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

Parent 1 Work Phone: _____ Parent 2 Work 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.):

My swimmer _____ will normally (check one)

_____ take the sports bus home from practice
_____ will be picked up at 5:30 p.m.

Parent/guardian signature

A parent will need to inform the coaches if the swimmer deviates from the normal way he/she goes home – please send an email to Tina at mccauley_t@shaker.org by 3:00 p.m. Thanks.