



# Lochearn Swim/ Dive 2011

## Registration/ Emergency Information Form

Child's Name(s)

*(please circle)*

1. \_\_\_\_\_ DOB \_\_\_\_\_ swim and/or dive?
2. \_\_\_\_\_ DOB \_\_\_\_\_ swim and/or dive?
3. \_\_\_\_\_ DOB \_\_\_\_\_ swim and/or dive?
4. \_\_\_\_\_ DOB \_\_\_\_\_ swim and/or dive?

Parent(s) Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Address, Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

(cell) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Phone(s) \_\_\_\_\_

### Medical Information

Allergies of any kind (including medications) \_\_\_\_\_

Existing medical condition/disease \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_