

Cass County Seals Swim Team

SWIMMER APPLICATION/EMERGENCY INFORMATION

Swimmer Name (last, first, middle)	Birth date	Age	Sex
Parent's (Guardian's) Name	Address	Home Phone	Work Phone
US Citizen: _____	Swimmer's School: _____		
Previous Swimming Experience: _____			
When did you join CCS : _____			

EMERGENCY INFORMATION

Emergency Contact Person (other than parent)	Phone		
Physician 1st choice	Phone	Physician 2nd choice	Phone
Preferred Hospital	Phone		

If your child is injured at the pool or during a swimming event we will:

1. Call 911, if injury or illness warrants.
2. Contact parent or emergency contact person if at all possible.
3. Transport to hospital as needed based on advice of medics on the scene.
- 4.

I understand that it will be my responsibility to arrange for payment for medical care should my child be injured. Parent's/ Guardian Sign _____

Is the above swimmer being treated for Epilepsy, Diabetes, Asthma, or Bee sting allergy? _____

If yes please explain: _____

Is he/she taking any medication? _____ What kind of medication? _____

Does the swimmer above have any allergies, illness, physical limitations, or other problems which should be known by the coaches? _____

I give CCS Swim Team authorities permission to administer non-prescriptive topical antiseptics on minor cut and/or abrasions when deemed necessary: YES NO

I/We hereby release the Cass County Swim Team, its officers, coaches, and/or representatives from any and all liability which may arise out of my/our child's participation in any of the club's activities, games, practices, or transportation to or from such events, and to hold said club, its officers, coaches, and/or representatives harmless from any expense or claim for damages which may be incurred on behalf of such child for any injury or accident which may occur in connection with such child's participation herein. I/We agree to abide by the rules and regulations of the Cass County Seals Swim Team in making this application for my/our above named child to participate with the Cass County Seals Swim Team.

Signed: _____ Date: _____ Signed: _____ Date: _____
Parent/Guardian Parent/Guardian