

**FTFRC SWIM TEAM  
Registration Form 2011**

<b>Medical Release Form</b>	
<p><b>Parent Name:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work or cell phone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Parent Name:</b> _____</p> <p><b>Home Phone:</b> _____</p> <p><b>Work or cell phone:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Swimmer D.O.B. Age 5/30/11</b></p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p><b>\$40 swim team fee/swimmer _____</b> <b>(Max. of \$120)</b></p>	<p>I/We _____, Parent(s) of _____ give my/our permission for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry in the event that I cannot be reached immediately.</p> <p><b>My child's physician</b> _____</p> <p><b>Phone #</b> _____</p> <p><b>My child's dentist</b> _____</p> <p><b>Phone #</b> _____</p> <p><b>Known allergies</b> _____</p> <p><b>Insurance coverage</b> _____</p> <p><b>Insurance #</b> _____</p> <p><b>A phone number parent can be reached</b> _____</p> <p><b>Parents signature</b> _____</p> <p><b>Date:</b> _____</p>