

**Ken Grill Pool**  
**2008 Summer Swim Team**

Please print clearly and in pen, complete both sides of form

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M / F

**Medical Conditions:**

Allergies: \_\_\_\_\_

How are the listed allergies treated? \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

How is the medical condition treated? \_\_\_\_\_

Please list all medications taken by applicant \_\_\_\_\_

Will medication / treatment need to be taken during swim practices / swim meets? Y / N

If yes, who administers medication / treatment ? \_\_\_\_\_

Are there any side effects suffered from the medications? \_\_\_\_\_

**(complete both sides)**

**In case of emergency contact:**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Alternate Emergency Contact:**

Name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Applicants Primary Physician:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Affiliation \_\_\_\_\_

**Emergency and non-emergency authorized persons to pick up applicant:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I agree to allow my son/ daughter to participate in the Ken Grill summer swim team and understand that Ken Grill Pool Assoc. , employees, and volunteers do not assume responsibility or liability for his/her safety or the consequences of his/her actions while participating in the program.**

\_\_\_\_\_  
Parent or Guardian Signature Date