

ACAC REGISTRATION / MEDICAL RELEASE FORM

Athlete Information

Last Name _____ First Name _____ Middle _____
 Preferred Name _____ Birthday _____ Age _____
 Athlete Cell _____ Athlete Email _____

Primary Mailing Information

Primary Contact:

Last Name _____
 First Names _____ and _____
 Address _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Primary Contact Information (ACAC sends your bills via email)

Home Phone _____ Fax _____
 Parent 1 Office Phone _____ Cell _____
 Email to send your bills to _____
 Parent 2 Office Phone _____ Cell _____
 Email Address _____

Secondary Mailing Information

Secondary Contact:

Last Name _____
 First Names _____ and _____
 Address _____
 Mailing Address _____
 City _____ State _____ Zip Code _____

Secondary Contact Information

Home Phone _____ Fax _____
 Parent 1 Office Phone _____ Cell _____
 Email Address _____
 Parent 2 Office Phone _____ Cell _____
 Email Address _____

EMERGENCY MEDICAL INFORMATION

Since the malpractice question had to come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under supervision at Atomic City Aquatic Club this will allow the hospital to treat the injury.

Insurance Name _____

Policy # _____

Group # _____

Medications currently being administered & dosages:

Consent Statement Authorizing Treatment

Father's Signature _____

Date _____

Mother's Signature _____

Date _____

Guardian or Student's Signature (over 18) _____

Date _____

PLEASE SIGN !