

Kanakadea Valley Aquatic Club Emergency Contact Form For Winter Season 2009 ~ 2010

LAST NAME	FIRST NAME	PREFERRED NAME	MIDDLE NAME	BIRTH DATE	Age as of 10/20/09

Address:					
Home Phone:			Athlete Cell Phone:		
Athlete Email:			Gender:		
Mother's Name					
Father's Name					
Doctor Name and Phone:					
Dentist's Name and Phone:					

Primary Contact:		Relationship:	
Mailing Address:			
	City	Postal Code	Office Phone:
Home Phone:			Email:
Cell Phone:			

Secondary Contact:		Relationship:	
Mailing Address:			
	City	Postal Code	Office Phone:
Home Phone:			Email:
Cell Phone:			

Name of Insurance Company:	
Plan #:	

Any pertinent medical information regarding my child (children) (e.g., allergies, chronic medical conditions, or medicine taken on a regular basis)

In the event of an accident or illness, I authorize the Head Coach to release my child to the (friend or relative) below:

1. _____ Phone: _____ Cell Phone: _____
2. _____ Phone: _____ Cell Phone: _____

To the best of my knowledge, my child is able to participate in all activities and his/her immunizations are current. In the event of a medical or dental emergency, Kanakadea Valley Aquatic Club coaches, lifeguards, board members and persons named above are authorized to approve any and all medical and dental treatment for my children. I agree to be financially responsible for all treatment.

Signed: _____ Date: _____