

JCAC FAMILY INFORMATION & EMERGENCY FORM

FAMILY NAME _____

Parent/Guardian Contact Information Swimmer lives with Both Parents Mother Father Guardian

Mother or Guardian (First & Last)

Father or Guardian (First & Last)

Street Address

Street Address (if different)

City, State, Zip

City, State, Zip (if different)

Home Phone

Home Phone (if different)

Mobile or Work Phone – please circle

Mobile or Work Phone (if different) – please circle

Email Address (club communication only)

Email Address (if different)

Emergency Information

1.

2.

3.

Please list all athletes in this family (first, middle initial and last name)

Emergency Contact Name

Doctor's Name

Home Phone

Phone

Mobile or Work Phone

Insurance Company and Policy Number

Does any JCAC athlete in this family have special health or physical concerns such as: asthma, seizure disorder, severe allergy, diabetes, bleeding problems, joint injuries, etc? Please list (attach a separate sheet if necessary): _____

Emergency Medical Release and Waiver

JCAC has my permission to seek appropriate medical attention for the minor(s) in my family, in the event the designated parties are unavailable. I/We agree to hold JCAC, its employees and agents, harmless for any liability arising from any good faith actions taken in seeking and carrying out of emergency medical attention.

Mother or Guardian Signature and Date

Father or Guardian Signature and Date

News Release

JCAC has my permission to use my child's name/photograph in press releases about JCAC activities or meet results sent to our local or national news organizations.

Mother or Guardian Signature and Date

Father or Guardian Signature and Date