



**Avalon Golf and Country Club**  
**2018 – Swim Team Medical Form**

**General Information:**

\_\_\_\_\_  
(Swimmer’s Full Name) (Age as of 6/1/18) (Date of Birth)

\_\_\_\_\_  
(Address) (City) (State) (Zip)

\_\_\_\_\_  
(Mother’s Name) (Employer) (Work or Cell Phone)

\_\_\_\_\_  
(Father’s Name) (Employer) (Work or Cell Phone)

\_\_\_\_\_  
(Contact if parents are unavailable) (Relationship) (Work or Cell Phone)

\_\_\_\_\_  
(Doctor’s Name) (Address) (Phone)

**Health History:** Please list allergies and place a check mark by conditions that apply.

Drug Allergy: \_\_\_\_\_ Food Allergy: \_\_\_\_\_

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

Asthma \_\_\_\_\_ Ear Infection \_\_\_\_\_ Kidney Disease \_\_\_\_\_  
Diabetes \_\_\_\_\_ Strep Throat \_\_\_\_\_ Neurological \_\_\_\_\_  
Epilepsy \_\_\_\_\_ Heart Disease \_\_\_\_\_ Orthopedic \_\_\_\_\_

Please explain any of these conditions on the back of this form.

**Other Conditions:**

Please explain any serious or chronic illness: \_\_\_\_\_

Known physical, emotional, learning or attention problems: \_\_\_\_\_

Any conditions that coaches should be aware of: \_\_\_\_\_

I, the undersigned parent (legal guardian) of the above mentioned participant indicated by the legal signature below, state that said participant is physically able to participate and has my permission to participate on the Avalon Golf and Country Club’s **Swim Team**.

Consent to Treat: I give my consent to the Avalon Golf and Country Club’s **Swim Team** and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above mentioned participant for any injury or illness that could arise during participation in the **Swim Team** activities. I also give permission for ambulance transfer, if needed.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_