POTOMAC VALLEY SWIMMING SUPPLEMENTAL REQUEST FOR INFORMATION

	Swimmer in	formation			
Last	First	Middle		Dat	e of Birth
Parent / Guardian Contact ast First Middle Telephone					
Last	FIISL	Middle	Home		
Address			Work		
Address			Other		
			Other		
Non-Parent Emergency Contact Information					
Name	Relationship Telephone				
			<u> </u>		
Medical Insurance Information					
Medical Coverage Provider	Policy #	Group #	Subscriber #		
Deveniesies to dispense.					
Permission to dispense:					
Aspirin Tylenol					
Yes	No	Yes	No		-
Please note that our child is allergic to the following:					
					
List all medications and dosages that your child takes on a daily basis:					
I/we acknowledge that our child will be representing PVS, and as such will follow all guidelines					
and codes of conduct established by Potomac Valley Swimming. We further acknowledge that					
if our child violates one of the rules of the code of conduct he/she has the right to ask for a					
hearing before any discipline action is taken.					
I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medica					
services to be administered to my son/daughter					
if I cannot be contacted in the event of an emergency. I further agree to be responsible for the					
payment of emergency services not covered by my insurance.					
Signature of Parent				רו	ate