Los Alamos Aquatomics Swim Team
Masters Medical Form and Contact Information

Swimmer name: _____ _____ _____
(Last) (First) (M.I.)

Date of Birth: _____ Sex: _____ Age: _____

Home Phone #: _____

Work Phone #: _____

Please attach a copy of your current USMS registration card to this form.

Address: _____

E-mail Address: Work: _____

Other e-mail: _____

Swimmer's Physician's Name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Medical History

(All information will remain confidential)

Taking medication? Y/N Allergies to medications? Y/N

If so, which medications? _____

Asthma? Y/N Under physicians care? Y/N

Recently hospitalized? Y/N Serious injuries? Y/N

If so, please explain: _____

Has doctor ever recommended swimmer not to participate in competitive sports? Y/N

If so, what were the limitations? _____

Does swimmer have any special needs? Y/N

If so, please explain: _____

Has swimmer ever blacked out or lost consciousness during physical activity? Y/N

If so, please explain: _____

Release Form

I certify that the above information is correct and I waive, release, absolve, indemnify and agree to hold harmless the Los Alamos Aquatomics Swim Team and its coaches and supervisors for any claim arising out of injury to myself.

_____ _____
Signature of Swimmer Date