



# Mariemont Aquatic Club: Emergency Medical Form

PO Box 43377 Cincinnati, OH 45243-0377 • [macswim.contact@gmail.com](mailto:macswim.contact@gmail.com) • [www.swimmac.com](http://www.swimmac.com)

One Mariemont Aquatic Club Emergency Form must be filled out for each swimmer during each swimming season.

## CONTACT INFORMATION

Swimmer's Name: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

How often is this email checked? \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian #1

Name: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Parent/Guardian #2

Name: \_\_\_\_\_

Additional Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

In the event that your swimmer is injured or an emergency arises, and neither of the above can be contacted, the following two local emergency contacts should be contacted in this order:

Local Emergency Contact #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Local Emergency Contact #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Primary Care Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Allergies (include medications): \_\_\_\_\_

List any additional medications your swimmer is taking and the reason(s) for taking: \_\_\_\_\_

Does your swimmer wear glasses or contacts? \_\_\_\_\_

List any medical or other condition, physical needs/limitations that should be considered in practice or in making a treatment decision: \_\_\_\_\_

## AUTHORIZATION

I hereby give consent for my child to participate in the Mariemont Aquatic Club (MAC) Swimming Program. In consideration of being permitted to participate as a member of MAC, I hereby release, discharge and agree to defend and hold harmless the Mariemont Aquatic Club and its coaches, members of the Board and its volunteers from any and all liability for injuries to property or person suffered as a result of participation as a member of Mariemont Aquatic Club.

I agree that it is the responsibility of the swimmer or his or her parent/guardian to provide transportation to, from and during any MAC activity and that any transportation provided by representatives of MAC are not being provided on behalf of MAC and is strictly voluntary on the part of the person providing that transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date