



**YMCA CAPE COD MAKO SWIM TEAM
PARTICIPATION MEDICAL FORM
2012-2013 SEASON**

SWIMMER'S NAME _____ AGE _____

ADDRESS _____ CITY _____

ZIP _____ HOME PHONE _____

Parent/Guardian Cell # _____ Cell # _____

Work # _____

Is swimmer under any special medical or dietary restrictions? If yes,
please describe

Does swimmer need any special accommodations? If yes, please
describe

Allergies _____

Name of person(s) to whom child may be released:

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Parent or Guardian Signature _____ Date _____