



## YMCA CAPE COD MAKO SWIM TEAM PARTICIPATION MEDICAL FORM

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 \_\_\_\_\_