



YMCA CAPE COD MAKO SWIM
TEAM PARTICIPATION MEDICAL
FORM 2015-2016 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

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

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Parent or Guardian Signature _____ Date _____