



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**YMCA CAPE COD
MAKO SWIM TEAM
PARTICIPATION MEDICAL FORM
2016-2017 SEASON**

SWIMMER'S NAME _____ DOB ____/____/____
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 _____