

TRSC Swim and Dive Team Member Information Form

Primary Parent Contact Name:	Primary Parent Contact Email Address:
Street Address:	
Home Phone:	Cell Phone:
Other Parent Contact Name:	Other Contact Email Address:
Other Contact Cell Phone:	

Please fill in the table below for each child interested in either swim or dive team.

Child's Name	DOB	Age as of 6/1/23	Swim Team	Dive Team	Both	Shirt Size
1.						
2.						
3.						
4.						
5.						

Team Fees

Total Number of Swimmers and or Divers	2023 Fees
1	\$50
2	\$70
3	\$90
4	\$110
5	\$130

2023 TRSC Swim and Dive Team
Authorization for Treatment

To Whom it may concern:

This document is to be used for Authorization for Emergency Medical Treatment for the children listed below.

Child's Name	Gender	Known Allergies

Insurance and Emergency Information:

Parent's Name (Legal Guardian):	
Insurance Company:	
Insurance Policy #:	Group #:
Primary Care Physician:	PCP Phone #:
Preferred Hospital:	E.D. Phone #:
Emergency Contact Name:	Relationship to Child:
Emergency Contact Cell #:	Emergency Contact Home #:

This document gives consent to hospital or emergency treatment center, doctor or qualified medical personnel to treat my child(ren) in the event of an emergency.

Parent/ Guardian Signature:	Date:
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