



Mighty Tritons Aquatic Club (MTAC) Personal/Health Information Form 2019-2020

Level		#Practices		Days	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">M</td> <td style="padding: 2px;">T</td> <td style="padding: 2px;">W</td> <td style="padding: 2px;">T</td> <td style="padding: 2px;">F</td> <td style="padding: 2px;">S</td> </tr> </table>	M	T	W	T	F	S
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First Name		Middle		Last Name	
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Date of Birth (D/M/Y)		Gender (M/F)	
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T-Shirt Size	Youth: S M L XL	Adult: S M L XL
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Street Address	City	Postal Code

Home Phone Number	Additional Contact information (Alternate, etc)
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Please list any medical conditions/concerns regarding the swimmer's health care and/or diet. This would include ADHD, allergies, respiratory Ailments (asthma), motion sickness, diabetes etc.

Condition	Life-threatening	Medication	Instructions
	Yes/No	Yes/No	
	Yes/No	Yes/No	

Member Information (Parents or Guardian)	Cellphone Number	Work Phone	Email Address**

**** All emails listed here will be used by the team for communications**

How did you learn about the team?	
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Every Care and Attention will be given To the Health and Comfort of the Swimmers.
I hereby authorize the Coach/Lifeguard responsible; to secure such medical advice and services as may be deemed necessary for the health and safety of me, or my child/ward. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Insurance Plans.