

**BRANTFORD AQUATIC CLUB
SWIMMER'S PERSONAL HEALTH FORM**

Please print clearly:

Swimmer's Name:

Date of Birth (yr/mth/day):

Gender:

Address:

City:

Postal code:

Home phone #:

Work phone #:

Cell phone #:

Emergency contact name:

Relationship to swimmer:

Emergency contact phone #:

Health Card No. of Swimmer:

Family Doctor:

Phone #:

Current Medications:

Allergies to medication (specify):

Is the applicant currently subject to any of the following:

Asthma Convulsions Ear trouble Motion sickness Sleepwalking

Allergies:

Other health problems:

To the best of my knowledge I am in good health and physically able to participate in Masters swimming. All pre-existing medical conditions have been noted above, and I will notify BAC of any changes in my condition that might affect my safe participation.

I hereby authorize BAC to secure any medical advice or services necessary where my health, safety or well-being is in question,

I certify that the above information is accurate and I concur with the above statements.

Swimmer's Signature: _____ Date: _____

***** This health form will be kept in a binder at the pool to be available in case of emergency for the coaches and life guards. *****