

FEATHER RIVER AQUATIC CLUB  
MEMBER INFORMATION

Swimmer's Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(City) (Zip)

Home Phone \_\_\_\_\_ Parent's work phone \_\_\_\_\_

Parents Cell Phone \_\_\_\_\_ Parent's E-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Name and phone number of authorized adult(s) that may be contacted in an emergency  
\_\_\_\_\_

New Swimmer \_\_\_\_\_ Returning Swimmer \_\_\_\_\_ Does swimmer have any special needs  
due to physical or mental disability? \_\_\_\_\_

**DATE:** \_\_\_\_\_ **COACHES SIGNATURE** \_\_\_\_\_ **GROUP** \_\_\_\_\_



CONSENT TO MEDICAL TREATMENT OF A MINOR

I hereby give my consent to have my swimmer, \_\_\_\_\_ treated by  
a physician in the case of sudden illness or injury while participating in FRAC  
swimming. It is understood that FRAC provides no medical insurance for such treatment,  
and that the cost thereof will be at my expense. If a personal physician is listed below,  
every effort will be made to contact that physician. However, the location of the activity  
or the nature of the illness or injury may require the use of emergency medical personnel.

Name of personal physician \_\_\_\_\_

Physician's phone number \_\_\_\_\_

Parent/Guardian (printed) \_\_\_\_\_

Parent/Guardian (signature) \_\_\_\_\_

Date \_\_\_\_\_