

2007/2008 Registration & Medical Release (September 4, 2007 – August 31, 2008)

The Potomac Raiders Swim Club

A USA Swimming/Maryland Swimming Member Organization

<http://www.raiderswimming.org>

Swimmer's Name: _____
Last First Middle Initial

Preferred Nickname: _____ Birth Date: _____ Age: _____ Gender: _____

Swimmer Cell: _____ Swimmer E-Mail: _____

Parent/Legal Guardian Name(s): _____ Please check if applicable:

Mailing Address: _____ USA Swimming Official

City: _____ State: _____ Zip Code: _____

Status: Military (Active Duty Retired Reserve) DoD Employee (Civilian Contractor)

Home Phone: _____ E-Mail: _____

Mother: Work Phone: _____ Cell Phone: _____

Father: Work Phone: _____ Cell Phone: _____

I authorize sharing of contact information with Raiders Swim team members

Medical Insurance Co.: _____ Policy #: _____

Emergency Contact Person: _____ Phone: _____

Family Physician Name: _____ Phone: _____

Please note in the space below any regular medication, drug or other allergies, or any chronic conditions the coach should be aware of:

_____ Seizures _____ Bee Sting Allergy _____ Asthma _____ Other

_____ Diabetes _____ Heart Problems _____ Muscle/Bone Injuries or Strains

A representative of the RAIDERS team has my permission to seek emergency medical aid for my child, named above, if necessary. Neither the Potomac Raiders Swim Club (RAIDERS), the College of Southern Maryland (CSM), Charles County Public Schools (CCPS), nor Naval Support Activity (NSA) / South Potomac (SP) provide medical coverage for individual participants. All medical insurance must be provided by parents. I will not hold the Potomac Raiders Swim Club (Sunfest Swimming, Inc), the team board of directors, CSM, CCPS, NSA/SP, or the coaching staff liable in case of accident or injury sustained as a result of participation in this program. I understand the risks involved with this activity and know that my child is physically able to participate. I hereby give my consent and approval for my child to participate in this activity. Separate fees & costs will apply for competitions and team gear. I understand that all team members must be a currently registered USA Swimmer to belong to and participate with the RAIDERS. Meet fees and other team expenses (travel, fund-raising, and gear) are not included in the tuition. All fees are non-refundable.

Parent/Legal Guardian Signature: _____ Date: _____

2007/2008 Potomac Raiders Swim Club Registration / Medical Release

Swimmer Name _____

Swim Group _____

*****Paid registration is due prior to swimmer beginning practice*****

Swim Group	Fees	1 st Child	2 nd Child	3 rd Child	4 th Child
White	Registration Fee	\$100	\$90	\$90	\$90
	Single Annual Payment	\$590	\$501	\$413	\$413
	Monthly Payment	\$69	\$59	\$48	\$48
Black	Registration Fee	\$100	\$90	\$90	\$90
	Single Annual Payment	\$846	\$719	\$593	\$593
	Monthly Payment	\$99	\$84	\$69	\$69
Silver	Registration Fee	\$100	\$90	\$90	\$90
	Single Annual Payment	\$1103	\$938	\$772	\$772
	Monthly Payment	\$129	\$110	\$90	\$90

First Child _____ **Second Child** _____ **Third Child** _____ **Fourth Child** _____

2007/2008 Registration Fee (Includes USA Registration, T-Shirt, Latex Cap) \$ _____

Silicone Cap (\$5) \$ _____

Donation in lieu of Fundraising (\$20/month or \$180/year) \$ _____

2007/2008 Membership Fee (See table above) \$ _____

Escrow (Recommended Escrow Balance: \$75) \$ _____

Note: The escrow account provides funds with which to enter your child in swim meets. Swimmers will only be entered into meets when sufficient funds are available in the escrow account.

Total Paid \$ _____

Payment may be by check, cash, or money order.

Please make your check **payable** to: **Potomac Raiders**

Check #: _____

Paperwork Checklist:

- USA Swimming Registration** _____
- Raiders Membership Agreement** _____
- Raiders Liability Release and Indemnification Form** _____
- Raiders Code of Conduct** _____
- Raiders Registration and Medical Release Form** _____

2007-2008 Potomac Raiders Membership Agreement

Potomac Raiders Swimming, Inc. (Raiders) is a self-sustaining, parent run, not-for-profit organization. The Raiders Board of Directors is responsible for the financial soundness of the team. It is only through prudent management of our resources, and a clear understanding of the following financial obligations and procedures by each family, that the team will continue to provide a quality program for current and future swimmers.

Membership: The Raiders agree to provide a one-year membership from September 1, 2007 through August 31, 2008.

Registration fee: There is a \$100 registration fee for each swimmer, which is separate from membership dues. This fee includes the USA-Swimming athlete registration, team registration fees, and a 2007-2008 season team t-shirt and latex swim cap (silicone caps \$5 extra).

Membership Dues: The Raiders have a monthly dues obligation based on a yearly membership fee. The obligation can be split into a 9 month payment program from September thru May.

Fundraising Commitment: Families will be required to either make a donation or fundraise \$20 monthly (\$180 yearly) per swimmer. Raiders hosted swim meets are not considered part of this provision. The fundraising committee under the direction of the Raiders Board of Directors will set all provisions for this option.

Family discount plan: The family discount plan is as follows: after arranging the swimmers in order from highest to lowest practice groups, the second swimmer is discounted 15%, third child and additional children is discounted 30% off the single swimmer dues in that practice group. Additionally families will be granted a \$10 discount off their registration fee (\$90) starting with the second swimmer.

Meet entry escrow account: Raiders swimmers will be eligible to swim in a variety of competitive meets. Meet registration fees and event fees vary from meet to meet. Each family will be informed of all meet fees before entering a swimmer in a meet. Families will establish an escrow account from which their meet fees will be deducted. There are no refunds for a swimmer who enters a meet and then does not attend the meet. A swimmer will not be entered in a meet if there are not sufficient funds in the escrow account. Members can recover unused escrow amounts at the time of resignation by submitting a request in writing.

Volunteer policy: parental support for Raiders sponsored meets: Since the Raiders are a volunteer, not-for-profit, parent-run organization, we cannot operate without parental involvement so the following is vital to the success of the team:

- Regardless of your swimmer's participation in Raiders sponsored meets, each family will be responsible for a donation to concessions (as specified by the concessions coordinator) or will pay a \$20 dollar fee in lieu of a donation to concessions.
- Additionally, each family must work one session each day or pay a \$20 dollar per day fee in lieu of working each day.

Potomac Raiders Registration and Medical Release Form: All swimmers must have a completed Potomac Raiders Registration and Medical Release turned in to the coach or team registrar before being allowed to practice or compete with the Potomac Raiders.

USA Swimming / Potomac Raiders Liability Release and Indemnification Form: All swimmers must have a completed Liability Release and Indemnification turned in to the coach or team registrar before being allowed to practice or compete with the Potomac Raiders.

USA-Swimming Registration form: All swimmers must have a completed current year USA-Swimming form turned in to the coach or team registrar before being allowed to practice or compete with the Potomac Raiders.

Code of Conduct: All swimmers and families will be required to sign a Potomac Raiders Code of Conduct before being allowed to practice or compete with the Potomac Raiders.

Resignations: Families must submit a written letter of resignation 30 days prior to intended date of resignation. Verbal notices will not be accepted. The family will be responsible for any unpaid balances owed at the time of resignation.

Holding fee: Resigning swimmers will have the option to hold their membership place by paying a \$25 monthly holding fee. Upon return to the team, the \$25 fee will be credited to the amount owed from re-join date based on pro-ration. Please see prorating for details.

Re-Registration Fee: Swimmers who do not pay the holding fee will be subject to a \$75 re-registration fee if they continue membership within the current term and be subject to pro-ration based on money paid and money owed from re-join date. Please see the prorating section for details.

Prorating: Members who join after the September registration period will be given a pro-rated dues structure based on the yearly fee. Pro-ration will be based on the first day of the month joined and payments will be arranged accordingly.

Monthly invoices: Before or on the 25th of each month the Raiders will provide each family with an e-mailed statement that will break down fees into the following categories: dues, meet fees, and miscellaneous. All statements are sent via email unless previous arrangements are made. Mailed statements include a \$2 handling fee per mailed statement. Monthly dues are invoiced September through May and all other fees are invoiced September through August. The initial payment is due at time of registration. Subsequent payments are due on the 25th of each month. Payments should be made payable to the **POTOMAC RAIDERS** and mailed to **Potomac Raiders Swimming, ATN: Billing, PO BOX 173, Dahlgren, VA 22448**. If full payment is not received within 10 days of statement date a \$10.00 late fee will be applied to the next month's invoice. If payments are not paid as due by the 10th of the following month, swimmers will not be allowed to participate in practice or upcoming meets. If your check is returned due to insufficient funds, you will be charged for any expenses incurred by the team in addition to a \$50 returned check fee. Should collections actions on your account become necessary, you will be responsible for all costs associated with collections actions, to include court costs and/or legal fees. All funds owed to Potomac Raiders Swimming from the previous swimming year must be paid in full before the swimmer is allowed to participate in the new swimming year.

Your signature is an acknowledgement of your understanding of this entire document (2 pages) and of your commitment to adhere to the provisions established herein.

Swimmer's Name _____ Parents Signature _____ Date _____



RAIDERS LIABILITY RELEASE AND INDEMNIFICATION FORM

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by Potomac Raiders Swim Club, member of Maryland Local Swim Committee (LSC), USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

Release – Minor's Rights:

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Potomac Raiders Swim Club, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

(Print name of minor)

(Signature of minor)

(Date)

Release – Parents'/Guardians' Rights:

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(Print name of Parent/Guardian)

(Signature of parent)

(Date)

Swimmer's name _____

**Potomac Raiders Swim Club
Swimmer Code of Conduct**

Philosophy

The purpose of this conduct policy is to insure that every swimmer is provided an environment that allows them the opportunity to reach their individual goals.

- A swimmer's conduct at practices and swim meets should support every other swimmer's ability to learn and the coach's ability to teach other swimmers.
- Each swimmer should be committed to striving for their own goals and for the good of the team.

Conduct Expected of All Swimmers

• Potomac Raiders swimmers are expected to remember that at practice, during swim meets and in public they are

representing Potomac Raiders Swim Club. They should represent the Raiders with excellence, team spirit, good sportsmanship, and politeness.

- Potomac Raiders swimmers are expected at all times to follow the directions of any member of the coaching staff and any person who is a chaperone. Disrespect or failure to obey instructions will not be tolerated from any athlete.
- Potomac Raiders swimmers are expected to use appropriate language. Use of profane or abusive language or obscene gestures will not be tolerated.
- There shall be no drinking of alcohol or use of tobacco products or illegal drugs or any substances banned by US Swimming, WADA or FINA.
- Potomac Raiders swimmers are expected to respect each other. Fighting, intentional touching or striking another athlete will subject the swimmer to the most severe discipline.
- Potomac Raiders swimmers are expected to respect and care for the property of others. Vandalism, intentional damage to property or theft of property will not be tolerated.
- Swimmers must notify the coach in advance if they are planning to leave practice or swim meets early.
- Disruption of practice by an athlete will be grounds for removal. Continual cheating in a practice will be considered a disruption of practice.

Basic Responsibilities

- Swimmers should be punctual for all practices and meets. Pool time is very valuable.
- Swimmers should come with an open mind and a willingness to change.
- Swimmers are expected to wear Potomac Raiders swim suits and team caps at meets. This displays team pride and also makes it easier to identify swimmers on the blocks and in the water.
- Swimmers should be an active participant in all team practices, competitions, fundraising events and other team activities.
- Focus on every drill and every set. Be committed to putting forth your best effort everyday. An honest effort does not include cutting laps, pulling on lane lines or missing send offs/sets.
- The coach is there to help you. You are expected to pay attention and follow all of the coach's instructions completely and exactly. If any clarification is needed, inquire politely.

Swimmers are expected to follow the spirit of the rules as well as the specific rules. The coach must adapt this philosophy to an infinite number of situations. Swimmers are asked to respect the coach's directions and give their full cooperation. Cooperation with teammates and staff will produce a productive practice environment and competitive environment for all.

**Potomac Raiders Swim Club
Parent Code of Conduct**

The Potomac Raiders Swim Club is fortunate to have highly experienced, professional coaches working to develop our children into better swimmers, and more importantly, teaching and instilling important life skills. These skills include time management, self-discipline, and sportsmanship. Your child will reap the benefits of swimming long after his/her participation with the Raiders ends. As parents, it is absolutely essential that we give our coaching staff the respect and authority they deserve to run our swim team. Our coaches are hired for that purpose and the Board of Directors oversees the direction of the staff.

Conduct Expected of All Parents

- Set the right example for our children by showing respect and common courtesies at all times to the team members, coaches, competitors, officials, parents, and for all facilities and other property used during practice or competition.
- Demonstrate good sportsmanship during all practices, competitions and team activities.
- Be an active participant in all fundraising events and other team activities and encourage and support your child by permitting them to be timely for practices and competitions.
- Recognize that Potomac Raiders coaches are professionals and allow them to coach your child without interference during workouts and meets, including not being present on deck during practice or competitions unless you are working at the meet.
- If you have concerns, you will address it with the appropriate coach in private.
- Insist that your child refrain from using alcohol, tobacco, drugs, other prohibited substances, violence, abusive or foul language, inappropriate sexual conduct, or any other behavior deemed dishonest, discourteous, offensive or disrespectful of others.

Basic Responsibilities

- Practice teamwork with all parents, swimmers, and coaches by supporting the values of Discipline, Loyalty, Commitment, and Hard Work.
- See that your swimmer is on time for practice and arrives on time for meet warm-ups.
- Maintain self-control at all times.
- Know your role. Swimmers – Swim / Coaches – Coach / Officials – Officiate / Parents – Parent
- Call, email or meet with coaches during normal business hours before or after practice/meets to discuss issues.
- Do not coach your child at practice or during meets, that is the coach’s job.
- Do not interrupt or confront the coaching staff on the pool deck during practice or meets.
- Trust and support your swimmer’s and coach’s decisions around goal-setting, training commitments, swim event entries, and meet schedules. Do not impose your ambitions on your child.
- Any questions about disqualifications, judging, etc should be directed to your swimmer’s coach.
- Get involved....be an official, work on the board, help plan a fundraiser, be a membership chair, help plan a group social. Find something you enjoy!
- Share the burden among parents by volunteering to help at our club-hosted meets, and be a timer at ‘away’ meets.

Swimmer’s Signature _____ Date _____

Parent’s Signature _____ Date _____



USA SWIMMING

2008 ATHLETE REGISTRATION APPLICATION
LSC: MARYLAND SWIMMING

REGISTRATION DATE OFFICE USE ONLY

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH SEX AGE CLUB CODE NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO.

U.S. CITIZEN? YES NO

ARE YOU A MEMBER OF ANOTHER FINA FEDERATION? YES NO

IF YES, WHICH FEDERATION:

- DISABILITY: A. Legally Blind or Visually Impaired B. Deaf or Hard of Hearing C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment D. Cognitive Disability such as mental retardation, severe learning disorder, autism

- RACE AND ETHNICITY (You may make up to two choices if appropriate): Q. Black or African American R. Asian S. White T. Hispanic or Latino U. American Indian & Alaska Native V. Some Other Race W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO:

MAIL APPLICATION & PAYMENT TO:

REGISTRATION FEE table with rows: USA Swimming Fee \$44.00, LSC Fee 20.00, TOTAL DUE \$64.00

YEAR LAST REGISTERED, IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, ENTER THAT

CLUB CODE LSC CODE AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB

SIGN HERE X SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings.

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES

IMPORTANT: THIS IS A LEGAL DOCUMENT

Please read and understand this document before signing. If you have any questions please ask us or consult an attorney.

Naval Support Activity South Potomac, (NSASP) Navy Morale, Welfare and Recreation (MWR) Department and its staff have done everything possible to assure that our patrons experience a rewarding experience. We wish to inform our patrons that swimming, water aerobic, swim team and swim lessons is not risk free. The same elements that contribute to the unique character and fun of these activities such as the water, pool deck, kick-boards, swim paddles, goggles, toys, dive rings, noodles, aerobic belts, aerobic bar bells, and medicine balls can cause loss or damage to equipment, and injury, illness, or in extreme cases, permanent trauma or death to myself or others under my supervision. We do not want to heighten or reduce your enthusiasm for the experience, but we do want you to know in advance what to expect, and to be informed of some of the possible risks. We ask that you read this, sign it, and return it to our office.

AQUATIC CLASSES, LAP SWIM & Swim team ACKNOWLEDGMENT OF RISK

Aquatic classes, Lap Swim, & Swim Team like all outdoor recreation activities are hazardous. Whenever you are swimming, you can be injured. You may drown or bump into another person while swimming. The chemicals in the water may burn your eyes. In addition, the water you may be swimming in may become contaminated due to the possible accidental defecation or vomiting by other swimmers which could cause the possible illness.

Make sure your personal flotation device (PFD) fits properly and you know how it is to be worn. Your prolonged exposure to cold water may lead to hypothermia and to impaired health or death. Poisonous or dangerous insects, in or around the water, can have detrimental effects to some participants, such as illness, shock, or death.

I, (*Print Member Name*) _____,
understand that as a swim/student or participant in a NSASP MWR Aquatics Program; I should:

1. Be familiar with my swim sites. If not, obtain a formal instruction from a Navy MWR Instructor.
2. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each class.
3. Listen carefully to directions and respect the advice of those instructing the activities.

CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that I am fully capable of participating in the swim class, lap swim & swim team program or activity. I state that I have read the above statement on some of the possible risks in this activity. Therefore, I assume full responsibility for myself, my family, including minor children, for bodily injury, death and loss of personal property and any expenses as a result of my negligence, negligence of my family, negligence of another participant on the swim class, lap swim & swim team program or activity, or the negligence of the NSASP MWR Department and its staff. I also understand that NSASP MWR Department reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the swim class, lap swim & swim team program or activity.

I agree to indemnify and hold harmless NSASP MWR Department, and its staff, and the U.S. Navy, and its members, agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from my families or my participation in the swim class, lap swim & swim team program or activity. I further agree to release, acquit and covenant not to sue NSASP MWR Department, and its staff, and the U.S. Navy, and its members, agents and employees for all actions, causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of NSASP MWR Department and its staff or my family, myself, or my heirs, against NSASP MWR Department arising out of participation in the swim class, lap swim & swim team program or activity. In short, I cannot sue NSASP MWR Department and its staff, and the U.S. Navy, and its members, agents and employees, and if I do, I cannot collect any money.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be governed under the Federal Tort Claims Act, Military Claims Act, Foreign Claims Act, Suits in Admiralty Act, Public Vessels Act or Admiralty Extension Act, which ever is applicable.

As liquidated damages, I hereby agree that if NSASP MWR Department is forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, my heirs or executors and I agree to pay court costs and attorney fees if they successfully defend such action, lawsuit or litigation.

Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect. A copy of this release can be used as if it was an original.

I authorize and release to NSASP MWR Department and its staff the use of my image in any photograph or video recording for any purpose of NSASP MWR Department.

I have adequate health, disability, and life insurance for my family and myself.

I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified guide, or medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my HIV or "AIDS" status, in the possession of NSASP MWR Department to any

medical facility, hospital, ambulance, first aid provider, first aid service, doctor, nurse or other such person rendering care on my behalf. I hereby waive any action or claim against NSASP MWR Department and its staff or any health care provider, hospital, doctor, nurse or first aid provider for the release of this medical information including my HIV or "AIDS" status.

I, _____, of my own free will, for my family, my minor children, my heirs and executors and myself, have read, understand and acknowledge the risks and liability for myself, and my family this _____ day of _____ 2007.

By initialing this box, I indicate that my family and I have previous swimming experience.

No one in my family or I have any medical condition that would prevent our participation in this activity except _____.

I affirm, to the best of my knowledge that I am in good physical and mental health and free from cardiovascular, respiratory or other diseases or ailments, which could endanger me while diving.

I affirm that I am of lawful age and legally competent to sign this waiver, or that I have acquired the written consent of my parent or guardian

I have read the above statements and have had any questions answered to my satisfaction.

I have read and understood this agreement and agree to abide by its terms and conditions.

FIRST PARTICIPANT SIGNATURE

SECOND PARTICIPANT SIGNATURE

PRINTED NAME

PRINTED NAME

ADDRESS: _____

Telephone: [_____] _____

IN CASE OF EMERGENCY PLEASE CONTACT: _____

Telephone: [_____] _____

I CARRY MEDICAL INSURANCE. YES ___ NO ___ GROUP NUMBER: _____

NAME OF PROVIDER: _____