



**SHEBOYGAN COUNTY YMCA**  
Springers Gymnastics Team

# Information / Medical Form 2017-2018 Season

Name of child \_\_\_\_\_ Birth Date \_\_\_\_\_ Level \_\_\_\_\_

Address \_\_\_\_\_ Sheboygan YMCA Member # \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ (very important you notify Karen if it changes)

**Very important you have an e-mail address**

Father's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ (very important you notify Karen if it changes)

**Very important you have an e-mail address**

Emergency contact person \_\_\_\_\_ Phone (H) \_\_\_\_\_  
(other than parent or guardian listed above)

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Preferred Ambulance Transportation if necessary \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

Allergies: laytex \_\_\_\_\_ Other \_\_\_\_\_ please specify \_\_\_\_\_

Special Concerns (Physical, Medical, Emotional, Phobias) \_\_\_\_\_

**Health Insurance Information:**

Company \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY PLAN**

- In case of emergency, I hereby give permission to the physician selected to secure proper treatment for my child up to and including injections, anesthesia, hospitalization and/or surgery.

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Date starting the Sheboygan County YMCA Springers Gymnastic Team for the 2017-2018 season* \_\_\_\_\_

*Date contract received* \_\_\_\_\_ *for office use*