



Marietta Marlins Medical Care Authorization

Date: _____

___ New Swimmer

(In addition to filling out this entire registration form, please go to our website mymariettamarlins.com, and sign up for BOTH team newsletters/email AND text messages as this is how we send out news and important announcements.)

___ Returning Swimmer (Give information that is different from last year.)

Practice Location: ___ Mountain View Aquatic Center (MVAC) ___ Cherokee County Aquatic Center (CCAC)

Swimmer Information (please print)

Last Name:	First Name:	Middle:
Street address:		
City, State, Zip:		
Telephone (home):	Telephone (cell):	

Significant Medical History (allergies, diseases, injuries, asthma, diabetes, etc.)

Medications currently being used:

Insurance coverage, contract number and company group name

Personal Physician

Dentist

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TO WHOM IT MAY CONCERN: We hereby give full power of attorney to the Marietta Marlins coaching staff to authorize and contract for such medical or dental care as deemed for _____ (swimmer's name) by a physician or dentist. Any such authorization and contract shall be on our behalf and in our name and stead.

Signature: _____

Home Phone: _____ Business or Cell Phone: _____

Person to contact should the need arise in an emergency situation:

Name:	
Telephone (home):	Telephone (cell or work):

We do hereby waive any and all claims against Marietta Marlins and staff, for injury or disability that he/she may sustain while participating in Marietta Marlins related activities or in transit to or from said activities in witness whereof, we have duly executed this agreement this _____ day of _____, 20____.

Marietta Marlins, Inc. • PO Box 669503 • Marietta, GA 30066 • (678) 899-6888

revised 6/1/17