



In computer _____
by: _____

PLEASE PRINT

This form is valid for two years from date of signing

Name: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Phone #'s Home _____ Work _____ Cell _____

E-Mail _____ Date of Birth _____ Swimmer/ Non-swimmer

Emergency Contact Name, Relationship & Phone# _____

Physician's Name _____ Phone# _____

Physician's
Address _____

Primary Disability or Known Condition of Medical Risk _____

List Any Allergies _____

List all Medications _____

What health insurance do you have: _____ Oregon Health Plan _____ PacificSource

_____ None _____ Other (name of company): _____

May we e-mail you current information regarding our programs, yes or no? _____

I, _____, have voluntarily chosen to participate in a Tamarack Aquatic Center swim and/or exercise program. I understand that there are inherent risks involved in this activity, in and around the Tamarack Aquatic Center pool and I accept any and all responsibility for injury and/or damage, which I may incur during this activity.

Signature

Date

NAME: _____
Last
First
Expires: _____

Attendant Registration

Name: First _____ Last _____

Attendant for: First _____ Last _____

Affiliation/Agency _____ Agency Phone# _____

Address _____ City _____ State _____ Zip _____

Personal Phone #'s Home _____ Work _____ Cell _____

E-Mail _____ Date of Birth _____ Swimmer/ Non-swimmer

Emergency Contact Name, Relationship & Phone# _____

Physician's Name _____ Phone# _____

Physician's Address _____

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Signature

Date