

# BUTTERFLY

[illegible][illegible]

[illegible][illegible]

# BUTTERFLY

# FREESTYLE

☐ Yards 
 ☐ Meters 
 ☐ 25 
 ☐ 50 
 ☐ 100 
 ☐ 200 
 Other \_\_\_\_\_

DATE	DIST.	MEET	SPLITS				TIME	PLACE	REMARKS

☐ Yards 
 ☐ Meters 
 ☐ 25 
 ☐ 50 
 ☐ 100 
 ☐ 200 
 Other \_\_\_\_\_

DATE	DIST.	MEET	SPLITS				TIME	PLACE	REMARKS

# BREASTSTROKE

## INDIVIDUAL MEDLEY

### PERSONAL GOALS FOR THIS YEAR

DATE \_\_\_\_\_

DATE \_\_\_\_\_

[illegible][illegible]



[illegible][illegible]

## INDIVIDUAL MEDLEY

NAME TELEPHONE NO.

NAME

ADDRESS

PHONE NO.

TEAM AFFILIATION

TEAM PHONE NO.

NO.

OTHER  
AFFILIATION NO.

CITY

PARENT  
GUARDIAN PHONE NO.

# AUTHORIZATION TO TREAT A MINOR

BIRTHDATE \_\_\_\_\_ LAST TETANUS  
TOXOID BOOSTER \_\_\_\_\_

ALLERGIES TO  
DRUGS OR FOODS \_\_\_\_\_

ANY SPECIAL MEDICATIONS  
OR PERTINENT INFORMATION \_\_\_\_\_

TELEPHONES WHERE  
PARENTS MAY  
BE REACHED \_\_\_\_\_  
FATHER HOME BUSINESS

MOTHER HOME BUSINESS

FAMILY PHYSICIAN \_\_\_\_\_

& ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

I (we) the undersigned parent, parents or legal guardian of \_\_\_\_\_

\_\_\_\_\_ a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: \_\_\_\_\_

Date \_\_\_\_\_ Signature of Father, Mother or Legal Guardian \_\_\_\_\_

Address City State Zip

NAME

TELEPHONE NO.