



**How You Train
Makes The Difference!**

www.milehighmultisport.com

Mile High MultiSport, LLC

SWIMMER CONTACT INFORMATION FORM PLEASE PRINT CLEARLY

Name (Last, First, MI): _____ Sex: M F
Home Phone: _____ Cell Phone _____
E- mail address (*primary*) _____ @ _____ **Please print clearly!**
Email address (*alternate*) _____ @ _____ **Please print clearly!**

By signing below I realize that swimming in open water or the masters swim class presents certain hazards. That you are in proper shape and health to participate and that you have proper medical authorization and clearance.

In case of am medical emergency please contact...

Emergency Contact Person: _____ Relationship: _____
Day/Eve/Cell/Pager: _____ Day/Eve/Cell/Pager: _____
Emergency Contact Person: _____ Relationship: _____
Day/Eve/Cell/Pager: _____ Day/Eve/Cell/Pager: _____

In case of accident, serious illness or emergency, if I/we cannot be reached at the above phone numbers, MHM personnel or authorized building personnel has my permission to contact any of the above people who are authorized to make decisions for me/us. In an emergency, the above persons have my /our permission to authorize emergency treatment for me. If the above people cannot be contacted, MHM personnel are authorized to use their best judgment in an emergency situation.

Participant Signature: _____ Date: _____
Printed Name _____