



ILLINOIS SENIOR ELITE MEET
OLYMPIC TRAINING CENTER
MAY 6 – 9, 2010

ATHLETE'S Name: _____
ATHLETE'S E-Mail _____,
ATHLETE'S Cell Phone# _____

ILLINOIS SWIMMING PERMISSION FORM

I, the undersigned parent, or guardian of _____ give permission to my child to travel with Illinois Swimming to the Olympic Training Center, Colorado Springs, CO. For the purpose of a swim meet and other related activities. I also appoint administrators and coaches to act in my place and authorize emergency medical treatment if necessary.

Parent or Guardian signature _____,

Relationship _____, Date _____

PARENT/GUARDIAN INFORMATION

Home Phone Number: _____

Work Phone Number: _____

Cell Phones: Father _____, Mother _____

Email Address: _____

MEDICAL AND EMERGENCY INFORMATION

Contact Person: _____, Relationship: _____

(H) _____, (C) _____

Email Address: _____

Medical Insurance Company: _____

Policy Number: _____

This form must be sent with all other information and checks to:
Illinois Swimming, Sr. Elite Meet, 3166 S River Road, Suite 30, Des Plaines, IL 60018
Postmarked no later than Wednesday March 24, 2010