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HEALTH DECLARATION FORM

Personal Information

Parent's Name

First Name

Last Name

Swimmer's Name

First Name

Last Name

Phone Number

Email

Health Information

Do you have any allergies?

Yes

No

If yes, please specify below:

Do you have any breathing complications?

Yes

No

Do you have any sicknesses?

Yes

No

If yes, please specify below:

Do you have any disabilities?

Yes

No

If yes, please specify below:

Have you been in contact with people being infected, suspected or diagnosed with COVID-19 within the last 14 days?

Yes

No

I declare that any information provided within this health declaration form is true and correct

Parent / Guardian Signature

Swimmer's Signature
If over 18 years