



Fall/Winter Registration

Swimmer registration information:

M/F

Name	Gender	Birthdate (MM/DD/YYYY)
Shirt size: YS YM YL YXL S M L XL	Shoe size (for fins) _____	

M/F

Name	Gender	Birthdate (MM/DD/YYYY)
Shirt size: YS YM YL YXL S M L XL	Shoe size (for fins) _____	

M/F

Name	Gender	Birthdate (MM/DD/YYYY)
Shirt size: YS YM YL YXL S M L XL	Shoe size (for fins) _____	

Contact Information:

Mother's name	Father's name
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Mother's Phone	Father's Phone
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Mother's e-mail (used for team communication)	Father's e-mail
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Registration Fee: A \$60 meet fee will be used as a registration fee. This \$60 will be used toward required meets for the season. This is not part of swim team dues, Swim Team dues are determined by swimmer level placement and due in full by December 1, 2017.

Membership is **required** to participate on swim team.



Emergency Health Form

Name of

Child _____

List all medications your child is currently taking _____

(All information will be kept confidential.)

Please check if your child has any of the following medical conditions or disabilities:

☐ Epilepsy ☐ Asthma ☐ Diabetes ☐ Other _____

☐ Allergies: _____

Any restrictions on activities _____

Name of

Child _____

List all medications your child is currently taking _____

(All information will be kept confidential.)

Please check if your child has any of the following medical conditions or disabilities:

☐ Epilepsy ☐ Asthma ☐ Diabetes ☐ Other _____

☐ Allergies: _____

Any restrictions on activities _____

Name of

Child _____

List all medications your child is currently taking _____

(All information will be kept confidential.)

Please check if your child has any of the following medical conditions or disabilities:

☐ Epilepsy ☐ Asthma ☐ Diabetes ☐ Other _____

☐ Allergies: _____

Any restrictions on activities _____

Name of family physician _____

Phone # _____

Name of Dentist _____

Phone # _____

Medical Insurance Carrier _____

Policy # _____

Parent/Guardian Signature

Date