



2017 Team Registration

Registration Fees:

1st child: \$100

2nd child: \$90

3rd child \$80

Male

Female

Name: _____ Date of Birth: _____

Parent/Guardian: _____ Mailing Address: _____

Email: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone #1: _____

Relation to swimmer: _____ Phone #2: _____

Physician: _____ Phone: _____

Allergies:

Current Medications:

Medical Concerns:

Previous Hospitalizations:

Registration and Merchandise fees are non-refundable and must be paid before swimmers are allowed to enter the pool.

Parent/Guardian signature

Date

Date Paid: _____

Credit Card Cash Receipt: _____

Check # _____ By: _____