Swim Team Registration

staswimteam.teamsnap.com • info@staswimteam.com

FAMILY LAST NAME:_____

MOTHER'S NAME:_____ FATHER'S NAME:_____
CELL PHONE: _____ CELL PHONE: _____
ADDRESS: _____
_____
EMAIL: _____ HOME PHONE: _____

EMERGENCY CONTACT (OTHER THAN PARENTS): _____
NUMBER: _____

SWIMMER'S NAME	AGE (As of June 1st)	GENDER M/F	DATE OF BIRTH	T-SHIRT SIZE	PANT SIZE
1._____	____	____	_____/_____/_____	_____	_____
2._____	____	____	_____/_____/_____	_____	_____
3._____	____	____	_____/_____/_____	_____	_____
4._____	____	____	_____/_____/_____	_____	_____
5._____	____	____	_____/_____/_____	_____	_____

FAMILY PHYSICIAN: _____ PHONE NUMBER: _____

INSURACE COMPANY: _____
POLICY NUMBER(S):_____
LIST ANY MEDICATIONS, ALLERGIES OR MEDICAL CONDITIONS:
_____
_____

In case of emergency and a parent cannot be contacted, I give permission for my child(ren) to receive necessary medical treatment. Yes ☐ No ☐

FEE:_____ ☐ PAID ☐ Cash ☐ Check No. _____
MEMBERSHIP: ☐ POOL ☐ SWIM TEAM ONLY

_____
PARENT/GUARDIAN SIGNATURE