



## Swim Team Member Registration Form

Member	Non-member
Name	First _____ MI _____ Last _____
Date of Birth:	
Email Address for Club Communication:	
School:	
Grade:	
Home Phone #	
Address:	Zip Code:
Mother's Name:	
Cell #:	
Work #:	
Mother's Email:	
Father's Name:	
Cell #:	
Work #:	
Father's Email:	
Emergency Contact Name:	
Phone #:	

I hereby authorize emergency medical treatment of my son/daughter in the event that I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

