

Name(s) of team member:

1. _____ swim dive both Fee:____
last name first name (circle one)

Age: ____ DOB _____

2. _____ swim dive both Fee:____
last name first name (circle one)

Age: ____ DOB _____

3. _____ swim dive both Fee:____
last name first name (circle one)

Age: ____ DOB _____

4. _____ swim dive both Fee:____
last name first name (circle one)

Age: ____ DOB _____

5. _____ swim dive both Fee:____
last name first name (circle one)

Age: ____ DOB _____

Address: _____ Phone: _____

Parent's Name(s) _____

Mother's Work/Cell Phone: _____ Father's Work/Cell Phone: _____

Email (please print clearly): _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Allergies, Medical, Chronic Illness (spec child): _____

New Swim/Dive Team Members: How did you hear about our Swim/Dive Team?

____ SPLASH

____ Current Member of Swim/Dive team; please specify name _____

____ Other