

MARINWOOD WATERDEVILS SWIM TEAM

2010 Registration

FAMILY INFORMATION

(Please print neatly)

Family Name: _____

Swimmers:	Name (first)	Gender	Birth date	<input type="checkbox"/> Tadpole	<input type="checkbox"/> New
_____	_____	_____	_____	<input type="checkbox"/> Tadpole	<input type="checkbox"/> New
_____	_____	_____	_____	<input type="checkbox"/> Tadpole	<input type="checkbox"/> New
_____	_____	_____	_____	<input type="checkbox"/> Tadpole	<input type="checkbox"/> New
_____	_____	_____	_____	<input type="checkbox"/> Tadpole	<input type="checkbox"/> New

Parents: Mother: _____ Father: _____

Occupation: Mother: _____ Father: _____

Home Address: _____

Second Address: _____

Preferred Email Address: _____

Additional Email Address: _____

Phones: (please list in order of preference)

Home Phone _____	_____	<input type="checkbox"/> office	<input type="checkbox"/> cellular	<input type="checkbox"/> pager	(Mother / Father / _____)
	_____	<input type="checkbox"/> office	<input type="checkbox"/> cellular	<input type="checkbox"/> pager	(Mother / Father / _____)
	_____	<input type="checkbox"/> office	<input type="checkbox"/> cellular	<input type="checkbox"/> pager	(Mother / Father / _____)

EMERGENCY INFORMATION

Is there any medical condition the coaches should be aware of? No / Yes (please explain):

Medical Insurance Carrier: _____ Policy/Account: _____

Swimmer's Physician(s): _____ Phone: _____

_____ Phone: _____

Additional Emergency Contact: _____ Phone: _____

EMERGENCY MEDICAL RELEASE

Permission is given for emergency medical, hospital and surgical treatment, including anesthesia, of the minor(s) listed above in the event parent(s) or emergency contact(s) cannot be reached. Parent(s) agree to assume financial responsibility for such care, including transportation. It is understood that the Waterdevils and the medical facility will make a determined effort, appropriate to medical risk, to contact persons listed above before such action is taken.

Parent's Signature: _____ Date: _____