

LODI BLUE WAVE CREW
Recreational Youth Swim Team Registration Form

Swimmer #1	
Name: _____	
DOB: _____	Age: _____

Swimmer #2	
Name: _____	
DOB: _____	Age: _____

Please list additional swimmers and information on the back if necessary

Parent/Family Information
Parent Name(s): _____
Address: _____
E-Mail(s): _____
Phone Number(s): _____

Emergency Contact Information
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Medical Conditions, Allergies, Information:

We have read and agree to the Swimmer & Parent Expectations (found in handbook) for Lodi Blue Wave CREW swim team (2017-2018 season).	
Parent Signature: _____	Date: _____
Swimmer Signature: _____	Date: _____

Method of Payment [for office staff only]:
<input type="checkbox"/> Cash [drop off only] <input type="checkbox"/> Check # _____ \$ _____ Payment [total amount]
<input type="checkbox"/> Credit Card _____ Exp. Date: _____
<input type="checkbox"/> Currently has active family Pool Pass [initials from pool staff member] _____