

Lodi Blue Wave CREW

Recreational Swim Team Registration Form

Swimmer #1 Name: _____

Swimmer's Age: _____

Swimmer's DOB: ____ / ____ / ____

Swimmer #2 Name: _____

Swimmer's Age: _____

Swimmer's DOB: ____ / ____ / ____

Additional Swimmers please list on back with necessary information

Parent Names: _____

Address: _____

Email: _____

Phone Numbers (during practice times): _____

OTHER Emergency Contact Name and Phone Number (than above):

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Conditions/Information:

We have read and agree to the Swimmer and Parent Expectations (found in Handbook) for the Lodi Blue Wave CREW swim team 2016/2017 season.

PARENT SIGNATURE

DATE

CHILD(REN) SIGNATURE(S)

DATE

Method of Payment:

Cash (drop off only) Check # _____ \$ _____ Payment (total amount)

Credit Card _____ Exp Date: _____

Currently has an active family Pool Pass (initials from pool staff member) _____