

# LODI BLUE WAVE CREW

## Recreational Youth Swim Team Registration Form

<b>Swimmer #1</b>	
Name: _____	
DOB: _____	Age: _____

<b>Swimmer #2</b>	
Name: _____	
DOB: _____	Age: _____

\*Please list additional swimmers and information on the back if necessary\*

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

<b>Emergency Contact Information</b>
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

<b>Medical Conditions, Allergies, Information:</b>
_____
_____

We have read and agree to the <b>Swimmer &amp; Parent Expectations</b> (found in handbook) for Lodi Blue Wave CREW swim team (2018-2019 season).	
Parent Signature: _____	Date: _____
Swimmer Signature: _____	Date: _____

<b>Method of Payment [for office staff only]:</b>
<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] _____