

ARLINGTON SWIM TEAM REGISTRATION FORM

Swimmer Information:

1st Swimmer Name: _____ M F (circle one)

Birth Date: ___/___/___ Age as of June 1st _____

Address: _____

City: _____ State: _____ Zip: _____

Allergies: _____ Asthma: Yes/No

Any additional medical issues: _____

2nd Swimmer Name: _____ M F (circle one)

Birth Date: ___/___/___ Age as of June 1st _____

Allergies: _____ Asthma: Yes/No

Any additional medical issues: _____

3rd Swimmer Name: _____ M F (circle one)

Birth Date: ___/___/___ Age as of June 1st _____

Allergies: _____ Asthma: Yes/No

Any additional medical issues: _____

Parent/Guardian/Sitter Information:

Mother: _____ Phone: _____ Work: _____

Cell: _____ Email: _____

Father: _____ Phone: _____ Work: _____

Cell: _____ Email: _____

Guardian or Sitter: _____ Phone: _____

Cell: _____ Email: _____

Emergency Contact(Other than parent, guardian or sitter):

Name: _____ Relationship to child: _____

Phone: _____ Cell: _____ Work: _____

Vacation Dates: _____