



Newtown Crossing Swim Team 2011 Registration Form

Athlete #1 Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Preferred Name (Nickname): _____ Age: _____
 Birthdate: _____ Shirt/Pant Size: _____ Gender: _____
 Athlete's Cell: _____ Athlete's Email: _____

Athlete #2 Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Preferred Name (Nickname): _____ Age: _____
 Birthdate: _____ Shirt/Pant Size: _____ Gender: _____
 Athlete's Cell: _____ Athlete's Email: _____

Athlete #3 Information

Last Name: _____ First Name: _____ Middle Initial: _____
 Preferred Name (Nickname): _____ Age: _____
 Birthdate: _____ Shirt/Pant Size: _____ Gender: _____
 Athlete's Cell: _____ Athlete's Email: _____

Contact Information

Father's Name (Last, First): _____
 Father's Mailing Address: _____
 Cell Phone: _____ Email: _____
 Mother's Name (Last, First): _____
 Mother's Mailing Address: _____
 Cell Phone: _____ Email: _____

Medical Information

Family Physician's Name: _____
 Family Physician's Phone: _____
 Insurance Carrier Name: _____
 Insurance Policy Number: _____
 Insurance Group Number: _____
 Medical Concerns/Conditions: _____

 Emergency Contact Name: _____
 Emergency Contact Phone: _____

I agree to my child(ren)s' picture(s) being published on the team's website or for team publicity): Yes/No

Parent Signatue: _____