

NEWTOWN CROSSING SWIM TEAM APPLICATION

1) **SWIMMER'S NAME** _____ **SEX** _____

BIRTH DATE _____ **SHIRT SIZE** _____ **PANT/SHORT SIZE** _____

2) **SWIMMER'S NAME** _____ **SEX** _____

BIRTH DATE _____ **SHIRT SIZE** _____ **PANT/SHORT SIZE** _____

3) **SWIMMER'S NAME** _____ **SEX** _____

BIRTH DATE _____ **SHIRT SIZE** _____ **PANT/SHORT SIZE** _____

ADDRESS _____

HOME PHONE # _____

EMAIL ADDRESS _____

PARENTS' NAMES: _____

EMERGENCY INFORMATION:

MOTHER/FATHER NAME _____ **WORK/CELL #** _____

MOTHER/FATHER NAME _____ **WORK/CELL #** _____

MOTHER/FATHER NAME _____ **WORK/CELL #** _____

ADDITIONAL EMERGENCY CONTACT:

NAME _____ **PHONE #** _____

DOCTOR'S NAME _____ **PHONE #** _____

ANY MEDICAL CONDITIONS OR CONCERNS:

INSURANCE CARRIER: _____

POLICY NUMBER _____

I AGREE TO ALLOW MY CHILD'S PICTURE TO BE PUBLISHED (WEB/PUBLICITY)

PARENT SIGNATURE _____

PAID CASH/CHECK# _____ **AMOUNT** _____ **DATE** _____