

2009 CCC KILLER WHALES SWIM TEAM REGISTRATION FORM

(please print)

Swimmer #1: Name _____ Date of Birth _____
Sizes: Shirt _____ (YS-AL) Shoe _____ Pants/Shorts _____ (YS-AL)

Swimmer #2: Name _____ Date of Birth _____
Sizes: Shirt _____ (YS-AL) Shoe _____ Pants/Shorts _____ (YS-AL)

Swimmer #3: Name _____ Date of Birth _____
Sizes: Shirt _____ (YS-AL) Shoe _____ Pants/Shorts _____ (YS-AL)

I will assist the team during the regular season by helping in the following area:

Timer _____ Finish Judge _____ Runner _____ Bull Pen _____
Concession _____ Scoring _____ Ribbons _____ Stroke&Turn _____
Banquet _____ Awards/Gifts _____

Address _____

Home # _____ E-mail (for team communications) _____

Mother's Name _____ Work/Cell # _____

Father's Name _____ Work/Cell # _____

Emergency contact person _____

Relationship _____ Phone # _____

Family Doctor _____ Phone # _____

Family Dentist _____ Phone # _____

In case of accident or illness:

A. _____ (signature) I give permission for the coach and/or Team representative in charge to authorize treatment by a certified physician.

B. _____ (signature) I want to be notified before a certified physician administers treatment. In my absence _____ at _____ (phone#) may also give permission for treatment of my child.

ALLERGIES _____ yes (please indicate below which child and what allergies)

Registration Fee (\$30 first child, \$25 second, \$20 third)

Amount Paid _____

Cash or checks only, please. Checks payable to CCC Swim Team.