WAVE SWIM TEAM 2007-8 REGISTRATION FORM

SWIMMER'S NAME (Last, First, Middle Initial)	BIRTHDATE	AGE AS OF 12/1/2007
1. _____	/ /	____
2. _____	/ /	____
3. _____	/ /	____
4. _____	/ /	____

Parent's names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-mail Address: _____

Parent's Employer: _____

Occupation: _____ Work Phone: _____

Parent's Employer: _____

Occupation: _____ Work Phone: _____

Please explain any medical condition that would limit your child's participation in competitive swimming.

_____

EMERGENCY MEDICAL TREATMENT FORM

We, the parents of the children listed above, give permission for emergency medical treatment for our child for illness or accident if we cannot first be contacted.

Doctor's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Hospital: _____ Phone: _____

Insurance Company _____

Emergency contact: _____ Phone: _____

Parent signature: _____ Date: _____