

___ New to Team or
___ Previous Meet ID #s

Neatly Print Family Last Name:

FTFRC SWIM TEAM REGISTRATION FORM 2018

Parent or Guardian First-to-Contact NAME _____
First to Contact EMAIL _____
Primary PHONE (Circle: Home, Cell, Work) _____
Secondary PHONE (Circle: Home, Cell, Work) _____

Parent or Guardian Second-to-Contact NAME _____
Second-to-Contact EMAIL _____
Primary PHONE (Circle: Home, Cell, Work) _____
Secondary PHONE (Circle: Home, Cell, Work) _____

ADDRESS & CITY of Swimmer(s) during season: _____

SWIMMER NAME	Date-of-Birth mm/dd/yyyy	Age as of 5/30/18	T-Shirt Size (Circle 1 per child)
Boy or Girl _____	_____	_____	YS YM YL YXL AS AM AL AXL
Boy or Girl _____	_____	_____	YS YM YL YXL AS AM AL AXL
Boy or Girl _____	_____	_____	YS YM YL YXL AS AM AL AXL
Boy or Girl _____	_____	_____	YS YM YL YXL AS AM AL AXL

\$75 SWIM TEAM FEE PER SWIMMER MAX. OF \$200 AMOUNT PAID PER FAMILY**

MEDICAL RELEASE FORM

I/We _____, Parent(s) of _____
give my permission for emergency medical care prescribed by a duly licensed Doctor
of Medicine or Doctor of Dentistry in the event that I cannot be reached immediately.
My Child's physician _____
Phone number _____
My child's dentist _____
Phone number _____
Known allergies _____
Insurance coverage _____
Insurance # _____

Parent signature _____
Date _____

___ Initial here to certify that you are a member in good standing of FTFRC.

**No refunds after 6th swim practice

- Parent checklist
- Registration form and fee
- Code of Conduct form signed by swimmer(s)
- Separate check for \$75 Deposit made out to FTFRC, check is held until end of swim season after your work hours are fulfilled.

Official Use:	Cash or Check#	Deposit?