

\_\_\_ New to Team or  
\_\_\_ Previous Meet ID #s

Neatly Print Family Last Name:

# FTFRC SWIM TEAM REGISTRATION FORM 2019

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 5/30/19	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?