

Paid _____

Family Name _____

Check # _____

Lake Braddock Swim Team 2012 Registration Form

Swimmer Last Name:

First Name

Sex

Birthday

Age

1.

2.

3.

4.

5.

Parent/Guardian Information:

Mother:

Work Phone:

Cell Phone:

Father:

Work Phone:

Cell Phone:

Street Address:

Home Telephone:

E-Mail Address: (please list all addresses where you want to receive swim team e-mail notices)

1.

2.

Do you give permission to the Lake Braddock Lakers to share your email address/addresses with the Lake Braddock Community Association? _____ YES _____ NO

Any information about your child/children that may be helpful to the coaching staff:

Emergency Contact Info:

Name: Telephone: Cell/Work:

Physician Name and Number:

Insurance Provider: ID Number:

List any Medical Conditions that may require emergency care:

The information above is true and correct, to the best of my knowledge. We hereby give permission for the Lake Braddock Lakers to apply first aid treatment until the parents can be contacted. We give our consent for the Lake Braddock Lakers to use their own judgment in securing medical and ambulance service in case the parents and/or guardians cannot be contacted.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Registration Fees: 1st child-\$75; 2nd child-\$70; Each Additional child-\$55

Checks payable to "Lake Braddock Lakers" All fees must be paid prior to time trials on Saturday, June 16th!