

# Bay Town Swim Club

## Registration Form

### Swimmer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Parent / Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are there any known medical conditions / concerns that could affect the swimmer's participation?  
If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_

Known Medication Allergies: \_\_\_\_\_

Swimmer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_