

## Colony West Swim Team Registration

Last Name\_\_\_\_\_

Father's Name\_\_\_\_\_ Mother's Name\_\_\_\_\_

Home Phone\_\_\_\_\_ Dad Cell\_\_\_\_\_

Mom Cell\_\_\_\_\_ Email\_\_\_\_\_

Address\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone\_\_\_\_\_

Insurance Carrier\_\_\_\_\_ Policy Number\_\_\_\_\_

Hospital Preference\_\_\_\_\_ Physician\_\_\_\_\_

### Child # 1

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Male/Female\_\_\_\_\_ Medical Concerns\_\_\_\_\_

### Child # 2

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Male/Female\_\_\_\_\_ Medical Concerns\_\_\_\_\_

### Child # 3

Name\_\_\_\_\_ Date of Birth\_\_\_\_\_

Male/Female\_\_\_\_\_ Medical Concerns\_\_\_\_\_