

**NEWTOWN CROSSING SWIM TEAM APPLICATION**

1) **SWIMMER'S NAME** \_\_\_\_\_ **SEX** \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ PANT/SHORT SIZE \_\_\_\_\_

2) **SWIMMER'S NAME** \_\_\_\_\_ **SEX** \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ PANT/SHORT SIZE \_\_\_\_\_

3) **SWIMMER'S NAME** \_\_\_\_\_ **SEX** \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ PANT/SHORT SIZE \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**HOME PHONE #** \_\_\_\_\_

**PARENTS' NAMES:** \_\_\_\_\_

**EMERGENCY INFORMATION:**

MOTHER/FATHER NAME \_\_\_\_\_ WORK/CELL # \_\_\_\_\_

MOTHER/FATHER NAME \_\_\_\_\_ WORK/CELL # \_\_\_\_\_

WORK/CELL # \_\_\_\_\_

ADDITIONAL EMERGENCY CONTACT:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ANY MEDICAL CONDITIONS OR CONCERNS:

INSURANCE CARRIER: \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

I AGREE TO ALLOW MY CHILD'S PICTURE TO BE PUBLISHED (WEB/PUBLICITY)

**PARENT SIGNATURE** \_\_\_\_\_

PAID CASH/CHECK# \_\_\_\_\_ AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_