

LODI BLUE WAVE CREW

Recreational Youth Swim Team Registration Form

Swimmer #1
Name: _____
DOB: _____ Age: _____

Swimmer #2
Name: _____
DOB: _____ Age: _____

Please list additional swimmers and information on the back if necessary

Parent/Family Information
Parent Name(s): _____ / _____
Address: _____
E-Mail(s): _____
Phone Number(s): _____ / _____

Emergency Contact Information
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Medical Conditions, Allergies, Information:

We have read and agree to the **Swimmer & Parent Expectations** (found in handbook) for Lodi Blue Wave CREW swim team (2018-2019 season).
Parent Signature: _____ Date: _____
Swimmer Signature: _____ Date: _____

Method of Payment [for office staff only]:
 Cash [drop off only] Check # _____ \$ _____ Payment [total amount]
 Credit Card _____ Exp. Date: _____
 Currently has active family Pool Pass [initials from pool staff member] _____