

Penn Acres Swim Team

Registration Form

Family Name: _____

Address: _____

Telephone: (H) _____

(W) _____

(C) _____

Email Address: _____

Swimmer's Full Name: _____

Date of Birth: _____

Swimmer's Full Name: _____

Date of Birth: _____

Swimmer's Full Name: _____

Date of Birth: _____

Swimmer's Full Name: _____

Date of Birth: _____

Registration Fee is \$35.00 for the first team member and \$25.00 for each additional swimmer on the team. ALL FAMILIES MUST HAVE A CURRENT POOL MEMBERSHIP. (Make checks payable to Penn Acres Swim Team.)

Total Registration Fee: _____

Suburban Swim League

Penn Acres Swim Team

30 Fithian Drive

New Castle, DE 19720

Medical Insurance Form

Name of Swimmer: _____ Date of Birth: _____

Address: _____ Telephone: _____

City, State, Zip Code: _____

Name of Parent/Guardian: _____ Telephone: _____

Name of Doctor: _____ Telephone: _____

Medical Restriction: None _____ Yes _____ (If yes, attach details)

Date of last tetanus shot: _____

Emergency Contact: _____ Telephone: _____

Health Insurance

Company: _____

Name of Insured: _____

Policy #: _____ Group #: _____

Medical Release

If I cannot be contacted in the event of an injury to, or the sickness of, my child during practice or a swim meet, I hereby give my permission for the coach or their designee to administer first aid or obtain medical attention from a doctor or emergency center.

Signed: _____

Printed Name: _____

Date: _____