



TIGER SHARKS



LANDER SWIM CLUB

PERSONAL INFORMATION for year 2009-2010

(This form is to be updated annually and kept on file at the pool for emergency purposes)

Swimmers Name (full legal) _____ Nickname _____ Gender (M/F) _____
 Date of Birth _____ Home Phone _____ Cell Phone _____
 E-Mail Address # 1 _____ Athlete ID # _____
 Mailing Address _____ City _____ Zip _____
 Mother _____ Work Phone _____ Cell Phone _____
 Address _____ Employer _____ Occupation _____
 Father _____ Work Phone _____ Cell Phone _____
 Address _____ Employer _____ Occupation _____
 * Guardian _____ * Spouse _____ Email Address # 2 _____

Emergency Contact Name _____ Ph. _____ Relationship (to Swimmer) _____
 Doctor or Clinic _____ Phone _____
 Allergies _____
 Medications _____
 Medical Conditions _____
 _____ Contact Lenses (Y/N) _____

If a sudden illness or an injury requiring medical attention should occur, I authorize Lander Swim Club representative to seek emergency medical treatment for my child.

 Parent or Guardian Date

___ I agree to pay the yearly USA SWIMMING registration fee before active participation in the Lander Swim Club.

___ I agree to pay the nonrefundable dues at the beginning of each session or per-month fee by the 10th of each month. The months will not be prorated. Failure to pay will result in a penalty fee and/or the swimmer will not be allowed to participate with the club.

 Parent or Guardian Date

<p><i>Coach Quick Reference: Age</i> _____</p> <p><input type="checkbox"/> <i>Learn-to-Swim</i></p> <p><input type="checkbox"/> <i>Non-competitive</i></p> <p><input type="checkbox"/> <i>Competitive</i></p>
