



Date Registration Received _____

Chestnut Forks Swim Team Registration

Father (last) _____ (first) _____
Home _____ Cell _____ e-mail _____

Mother (last) _____ (first) _____
Home _____ Cell _____ e-mail _____

Did you register for Chestnut Forks Pool 2020 Season? - YES / NO

*****Must be a member of the pool in order to be on the team***

Swimmer(s) Information:

Name _____ First year swimmer: YES / NO
DOB ___/___/___ Age ___ Male/Female
T-shirt size: YS YM YL S M L XL

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DOB ___/___/___ Age ___ Male/Female
T-shirt size: YS YM YL S M L XL

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DOB ___/___/___ Age ___ Male/Female
T-shirt size: YS YM YL S M L XL

Name _____ First year swimmer: YES / NO
DOB ___/___/___ Age ___ Male/Female
T-shirt size: YS YM YL S M L XL

Doctor's Name _____
Doctor's Phone _____
Emergency Contact Name/Phone _____

Allergies/Medications/ or any other conditions we need to know about:

I, _____ (parent/guardian name) give permission for my child(ren)
_____ (children's name) to be treated by emergency medical
personnel in the event of accident or injury.

Signature

date