

# 2021 FSRC Swim Team Registration

(Child 1) Name \_\_\_\_\_  
Last First MI

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of June 1 \_\_\_\_ Gender : M/F

School \_\_\_\_\_

Allergies? Y / N (Please list) \_\_\_\_\_

(Child 2) Name \_\_\_\_\_  
Last First MI

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of June 1 \_\_\_\_ Gender : M/F

School \_\_\_\_\_

Allergies? Y / N (Please list) \_\_\_\_\_

(Child 3) Name \_\_\_\_\_  
Last First MI

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of June 1 \_\_\_\_ Gender : M/F

School \_\_\_\_\_

Allergies? Y / N (Please list) \_\_\_\_\_

(Child 4) Name \_\_\_\_\_  
Last First MI

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of June 1 \_\_\_\_ Gender : M/F

School \_\_\_\_\_

Allergies? Y / N (Please list) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# Parent Information

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Phone \_\_\_\_\_

Father's Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Email \_\_\_\_\_

***If it becomes necessary to contact you during practice for any reason, we will need to reach someone immediately. Please list who we should contact in order of availability, beginning with parents, unless a parent will be unavailable.***

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_