

Winton Country Club Summer Swim Team REGISTRATION FORM

PLEASE PRINT CLEARLY

	Full Name (LAST, FIRST, MIDDLE Initial)	Birth Date (MM/DD/YY)	Age as of June 1st	T-Shirt Size	Suit Size	Swimmer's Cell Phone (if available)
Swimmer 1				YS YM YL AS AM AL XL		
Swimmer 2				YS YM YL AS AM AL XL		
Swimmer 3				YS YM YL AS AM AL XL		

ADDRESS (Primary Residence)		
Street	City, State	Zip

PARENTS	Guardian #1		Guardian #2
		Relationship to swimmer	
		NAME	
		HOME PHONE	
		CELL PHONE (some team info. sent here)	
		WORK PHONE	
		EMAIL *required* Team information sent here	
		Address (if different)	

I give my permission for my child(s) to be photographed. Pictures may be used for promotional purposes by WCCST.

Parent/Guardian Signature

Date

Please fill out entire sheet and return to Amanda Stanbery or Tracy Wilburn

(Information below this line to be filled out by Winton Country Club Swim Team Office)

Membership: Amount: \$ _____ paid Type: Family _____ Student _____

Fundraiser deductions: \$ _____

Payment: Amount: \$ _____ Paid: _____ Cash _____ Check (payable to Winton Country Club): check # _____

MEDICAL INFORMATION & RELEASE

Swimmer's Full Name: _____ Date of Birth: ____/____/____

Home Address: _____

City: _____ State: _____ Zip: _____

Name of Mother or Legal Guardian: _____

Employer: _____ Cell Phone: _____ Work Phone: _____

Name of Father or Legal Guardian: _____

Employer: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact if parent/guardian cannot be reached:

Name	Relationship	Phone

Child's Physician/Clinic _____ Phone: _____

Address: _____

Preferred Hospital: _____

Routine Medications Taken By Child: _____

Child's Medically Diagnosed Allergies, Chronic Conditions, etc: _____

Child's Insurance Coverage: _____ Policy ID Number: _____

The Parent/Guardian authorizes immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or administration of drugs to his/her child if an emergency occurs when he/she cannot be located immediately.

Signature of parents/guardian

Date

Note: This form is to be kept on file at the Winton Pool and is to be taken to the doctor or treatment facility in case of emergency.