

**GLEN OAKS SWIM TEAM
REGISTRATION FORM**

Child(ren)'s Last Name: _____

Parent's Last Name (if different than above): _____

Parents First Names: Mom: _____ Dad: _____

Address: _____

Street

City

Zip Code

Phone: Home: _____ Mom's Work: _____ Dad's Work: _____

Cell: Mom: _____ Dad: _____

E-mail address: _____

Can we publish your phone number/address in a swim team directory? Yes ___ No ___

Child's First Name	Sex (F /M)	Child's Age	Birth Date	Member (Y/N)

Emergency Information

Dentist's Name: _____ Dentist's Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

Street

City

Zip Code

Preferred Hospital: _____

Health Insurance: _____ If Kaiser, Kaiser #'s: _____

Allergies: _____

Medications Child is Currently Taking: _____

Medical/Health Problems: _____

Emergency Contact Person (In case parents cannot be reached)

Name: _____ Relationship: _____

Phone: Home: _____ Work: _____ Cell: _____

Club Use Area

Amount Due: _____ Date Paid: _____ Received By: _____

Manner Paid: _____ Payment Ref: _____