



Town of Tonawanda Titans S.C

Registration form and Medical History Form

Date: _____

Name of Swimmer _____

Birth date(mm/dd/yy): _____ Age: _____ Is Swimmer US Citizen? _____

Parent 1 Name _____ Parent 2 Name _____

Address: _____ Town: _____ Zip _____

Home Phone _____ Work Phone _____ Parents Email _____

Emergency Phone Number: _____ Contact person: _____

Has the swimmer swum competitively before? _____

If yes, where? (Club Name) _____ Date of last competition: _____

I agree to:

1. **Pay all dues as described by the Titans Swim Club.**
2. **Assist in timing at swim meets attended by the Titans.**
3. **Assist at swim meets which the Titans host.**
4. **Support fundraisers sponsored by the Titans Swim Club.**
5. **Bring my child to practice and regularly scheduled swim meets.**

Printed names of both parents: _____

Signed: _____ there is no refund of swim dues.

Medical form: the swimmer listed has a medical problem of which the coaches should be aware. If medication is usually carried in his/her swim bag, be sure it is listed below.

Name _____

Condition _____

Medication _____

For internal Use
 Evaluation date: _____
 Group: _____
 First Billing Date _____
 USA Card Applied _____

* **Return to:**
 * **Tim Bennett**
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 * **Phone 863-6933**