

# MEMBERSHIP APPLICATION

## BC VERIFIED \_\_\_\_\_

<b>SWIMMER'S NAME</b> – Last	First	Middle Name (Mandatory)
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Date of birth - M/D/Y :	Male / Female:	E-mail: <u>MANDATORY</u>
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Current address:

City:	State:	ZIP Code:
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Phone:	Date:	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> <td colspan="3">First Name (3)</td> <td style="text-align: center;">MI</td> <td colspan="7">Last Name (4 letters)</td> </tr> </table> <p style="text-align: center; font-size: small;">USA Registration Number (Office Use Only)</p>																					M	M	D	D	Y	Y	First Name (3)			MI	Last Name (4 letters)						
M	M	D	D	Y	Y	First Name (3)			MI	Last Name (4 letters)																													

### EMERGENCY CONTACT

Name of Parent/Guardian:	Cell Phone:
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Name of Parent/Guardian:	Cell Phone:
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### INSURANCE INFORMATION

Insurance Co.:	Policy #:
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Physician's Name:	Physician's Phone #:
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### AUTHORIZATION TO TREAT MINOR

My signature on this authorization indicates that I give permission, in my absence, for the emergency evaluation and treatment of my child by a licensed hospital facility. I understand that this form is intended only for instances when an unforeseen medical emergency arises and I am not able to give consent. I also understand that the hospital may attempt to contact me. If the hospital does contact me I will provide a formal consent as soon as possible.

Signature:	Date:
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### ADDITIONAL SIBLINGS

**NAME** - Last, First, Middle:

Date of birth - M/D/Y :	<u>M</u> / <u>F</u>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

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Date of birth - M/D/Y :	<u>M</u> / <u>F</u>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				

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### FEES

	Registration	Group	Group Monthly Dues	Annual USA Reg	OCSC FEE	Total
1	\$50		\$	\$	\$	\$
2	\$0		\$	\$	\$	\$

Signature:	Date:
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By signing this form, I acknowledged that I have read and fully understand the terms, conditions & policies of SEAL Beach Swim Club. By not abiding the rules, SEAL has the right to terminate the membership.