

# 2009 Seminole Swim & Dive Team Registration

<b>Swimmer/Diver # 1</b>	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Dive Team	<input type="checkbox"/> Both Swim & Dive
Last Name: _____	First Name: _____	Preferred First Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy): _____	Age on June 1, 2009: _____	
Any Medical Conditions: _____			
<b>T-Shirt Size</b>	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L	<input type="checkbox"/> Yes, I would like a FREE Latex Team Cap	
<input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL		<input type="checkbox"/> No thanks, I will not use a latex cap	

<b>Swimmer/Diver # 2</b>	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Dive Team	<input type="checkbox"/> Both Swim & Dive
Last Name: _____	First Name: _____	Preferred First Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy): _____	Age on June 1, 2009: _____	
Any Medical Conditions: _____			
<b>T-Shirt Size</b>	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L	<input type="checkbox"/> Yes, I would like a FREE Latex Team Cap	
<input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL		<input type="checkbox"/> No thanks, I will not use a latex cap	

<b>Swimmer/Diver # 3</b>	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Dive Team	<input type="checkbox"/> Both Swim & Dive
Last Name: _____	First Name: _____	Preferred First Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy): _____	Age on June 1, 2009: _____	
Any Medical Conditions: _____			
<b>T-Shirt Size</b>	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L	<input type="checkbox"/> Yes, I would like a FREE Latex Team Cap	
<input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL		<input type="checkbox"/> No thanks, I will not use a latex cap	

<b>Swimmer/Diver # 4</b>	<input type="checkbox"/> Swim Team	<input type="checkbox"/> Dive Team	<input type="checkbox"/> Both Swim & Dive
Last Name: _____	First Name: _____	Preferred First Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (mm/dd/yyyy): _____	Age on June 1, 2009: _____	
Any Medical Conditions: _____			
<b>T-Shirt Size</b>	<input type="checkbox"/> Youth S <input type="checkbox"/> Youth M <input type="checkbox"/> Youth L	<input type="checkbox"/> Yes, I would like a FREE Latex Team Cap	
<input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL		<input type="checkbox"/> No thanks, I will not use a latex cap	

## Family Contact Information (Please Write Clearly)

### **Mother/Parent 1**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address (street, city, zip) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Father/Parent 2**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address (street, city, zip) \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Emergency Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:** Dr. Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Clinic Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_