

Stock Certificate # _____

Last Name _____

Paid _____

**FAIRFAX FROGS SWIM AND DIVE TEAM
REGISTRATION AND EMERGENCY CARE FORM
SUMMER 2010**

Name	Sex	Birthday	Age	Swim	Dive	Tadpoles

Mother _____ Cell _____ Work _____

Father _____ Cell _____ Work _____

Address _____

Home Phone _____

Emergency Contact/Phone Number _____

Email _____

Permission for Emergency Care

Name of Family Physician _____ Phone _____

Parent or Guardian Insurance _____

Company and Policy No. _____

Allergies to Medication (Specify Type): _____

The swim and dive team has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent _____ Date _____

SWIM/DIVE FEES: \$85 per swimmer/diver, \$135 for two swimmers/divers, \$175 for three or more swimmers/divers

TADPOLE FEE: \$75 per swimmer

Please make checks payable to *Fairfax Swim and Dive Team*.