

Stock Certificate # _____		Last Name: _____
New Pool Member? (circle one) YES / NO	New Team Member? (circle one) YES / NO	PAID (circle one) YES / NO

**FAIRFAX FROGS SWIM AND DIVE TEAM  
REGISTRATION AND EMERGENCY CARE FORM  
SUMMER 2011**

Name	Sex	Birthday	Age	Swim	Dive	Tadpoles

Mother \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Father \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 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, \$145 for two swimmers/divers, \$190 for three or more swimmers/divers**

**TADPOLE FEE: \$75 per swimmer**

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