

Fairfield - Fairfield Crest Swim Team: 2008 Registration

Name of swimmer _____ [M / F] Date of Birth _____ Age as of 5/30/08 _____

Circle Age Group: Mini 8&U 9-10 11-12 13-14 15-18 Years as an FFC swim team member (include this year) _____

Does your swimmer, aged 13 and over, want ribbons for all events swum? Yes or No

***Please circle each asterisk below if you would like the following information to be included in a team directory:

Parent/Guardians * _____ HomePhone* _____

Email address * _____ Second email address* _____

Address * _____ City * _____ State * _____ Zip * _____

Parent/Guardian Work Place _____ Work Phone _____

Parent/Guardian Work Place _____ Work Phone _____

Physician _____ Phone _____

Emergency Contact Name _____ Phone _____

In the event of INJURY or ILLNESS to the aforementioned child, I grant FFC Swim Team permission to obtain necessary medical treatment: Parent Signature _____ Date _____

Dues paid (amt.) _____ (cash or check) Circle T-shirt size: Yth/S Yth/M Yth/L Ad/S Ad/M Ad/L Ad/XL