Rochelle Park Swim Club Team Registration 2022

Name(s) of Child(ren)	Date(s) of Birth MM/DD/YYYY	Swimmer Ability B, I, A	Shirt Size YS, YM, YL, AS, AM, AL
			YS YM YL AS AM AL
			YS YM YL AS AM AL
			YS YM YL AS AM AL
			YS YM YL AS AM AL
Swimmer Ability: Beginner (B), Intermediate (I), Advai	nced (A)	
Name of Parent or Guardian			
Email Address			
Address			
Phone Number			
Name of Emergency Contact			
Please list any medical condi		e of (severe allergies, seizu	res, asthma, etc.):
Please list any medical condi	tions we should be awar	njury, permission is granted ntact the parents/guardians	to proceed with necessary
Please list any medical condi Medical Consent: In the even emergency treatment. All atte	tions we should be awar	njury, permission is granted ntact the parents/guardians ctices may be cancelled.	to proceed with necessary
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For office use only
PAYMENT RECEIVED BY (INITIAL): _____ Circle one: Cash Credit Card(attach receipt) Check Number_____