

2019 Millview Member Information Sheet:

Last Name: _____

(First Adult) Name: _____ Age: _____ Mobile #: _____

Home #: _____ Any known allergies: _____

Please provide an email that is checked regularly _____

(note: Gmail sends Millview emails to "social" folder)

(Second Adult, if applicable) Name: _____ Age: _____ Mobile #: _____

Home #: _____ Any known allergies: _____

Please provide an email that is checked regularly _____

	AGE	Any known ALLERGIES
Children's first names: _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Info: Name: _____ Relationship: _____

Mobile: _____ Home: _____

* If you are joining Millview from the referral of another member, please indicate their name:
_____ (Welcome!)

** Please fill in this form and email to millview@millviewswimclub.com. Simply take a picture or scan it.

OR you may just turn this in when picking up your key from a board member. Info sheets are required each year prior to receiving your gate key. Please email or call (615) 994-1133 if you have any questions.

*** By submitting this Information Sheet, you agree to the 2019 Terms and Conditions posted on <https://millviewswimclub.com/>