



# Northern Colorado Orcas Synchro Registration

Swimmer's First Name	Swimmer's Last Name
Swimmer Cell	Swimmer Email
Street Address	City and State
Zip Code	
School	Grade
Date of Birth	Age(as of 12/31/19) Synchro age
Parent First Name	Parent Last Name
Primary Phone	Primary Email
2 <sup>nd</sup> Parent First Name	2 <sup>nd</sup> Parent Last Name
2 <sup>nd</sup> Primary Phone	2 <sup>nd</sup> Primary Email

Which email address should be used for team communications?  
(Check all emails to include)

Swimmer
Parent
2 <sup>nd</sup> Parent
Other

Any other information Coaches need to know about your swimmer?  
This information could be provided in greater detail privately to your swimmer's coach if preferred.

Is your swimmer a new or returning swimmer? If returning, how many seasons \_\_\_\_\_ with the Orcas.

Did your swimmer swim for any other organization besides NCO Synchro, i.e. Ft. Collins Synchro? Please note that swimmers must be in good standing with any past clubs before their registration is finalized with NC Orcas

## Medical Information Form

Emergency Contact Name (non-parent)	Emergency Contact Numbers, list all
Physician Name	Physician Phone
Dentist Name	Dentist Phone
Insurance Company	ID or Policy Number

Any health issues that the coaches need to be aware of, including allergies: