CCCA SWIM TEAM
REGISTRATION FORM
2008

Returning CCCA Swimmer? _____ Yes
_____ No

Year Round Swimmer? _____ Yes Team Name _____
_____ No

New Swimmer? _____ Yes Birth Certificate attached _____ Yes
_____ No

SWIM TEAM REQUIREMENTS:

1. Each swimmer must be a member in good standing at Countryside Country Club.
2. Each swimmer must be registered with Florida Swimming.
3. Swimmer's Parents must fulfill volunteer requirements.

Membership Information

Countryside Country Club Member Number _____

Last Name: _____ Legal First: _____ MI:_____
Preferred Name: _____
Age: _____ DOB: _____ ____ Male ____ Female
Parents: _____
Address: _____
City: _____ State:_____ Zip: _____
Phone: Home:_____ Work:_____
Mom's Cell:_____ Dad's Cell: _____
E-Mail Address: _____

Include information in CCCA directory:
_____ Yes _____ No

If you are a returning swimmer, are there any changes of information?
_____ Yes _____ No

Medical Information

Emergency Contact: _____ Emergency Phone: _____
Doctor's Name: _____Phone Number:_____
Insured with: _____Insurance #:_____
Allergies: _____
Prescriptions: _____
Any other information:
_____