CCCA SWIM TEAM
REGISTRATION FORM
2010

Returning CCCA Swimmer? □ Yes □ No

Year Round Swimmer? □ Yes □ No Team Name _____

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

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: _____

What can you or your business do to help our team? _____

Can your business sponsor or underwrite team expenses? _____

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:

_____