



# CRESTVIEW SWIM TEAM REGISTRATION 2010

Swimmer Information		Name	Birthday
Swimmer #1 name/ date of birth			
Swimmer #2 name/ date of birth			
Swimmer #3 name/ date of birth			
Swimmer #4 name/ date of birth			
Home address			
Home phone			
Home e-mail address (please check regularly)			
Parent or Guardian Name(s)			
Responsible person work phone #			
Responsible person cell phone #			
Emergency & Medical Information			
In case of emergency, contact			
Relationship to swimmer			
Emergency contact's phone			
Doctor's name			
Doctor's phone			
Allergies/Emergency Info			
Additional Information			
Volunteer Sign Up			
I will be able to volunteer with.... (please circle all that apply)			
Timer	Announcer	Ribbons	Stroke and Turn
Scorer	Social Activities	Herder (age _____)	Bake or bring snackbar food
			Snack bar worker

**Registration should be turned in by First Practice. Please pay by end of first week of practice or talk to us about a trial swimming period.**

**Ask about our pay-it-all at once option. Questions? [Ann.morken@verizon.net](mailto:Ann.morken@verizon.net) or 478-5568.**

*\$40 per swimmer/payable to Crestview Swim Team to Ann Morken  
At signup night, by mail (6 Weilers Bend, Wilmington, DE 19810) or hand to her at a practice  
Payment MUST be received before the first meet or the swimmer may not participate in that meet.*