

2007 ORANGE OTTERS REGISTRATION

Family Name _____	Phone () _____
Address _____	E-Mail _____
_____	Work # () _____
Parent's Name _____	Work # () _____
_____	Other # () _____
Emergency Contact (if different from Parent) _____	
Relation _____	Phone () _____

Swimmer's Name	Date of Birth	Age as of June 1
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

In case of emergency and you cannot be contacted, do swim team personnel have your permission to send this child(ren) to a doctor and/or hospital at your expense? Yes No

I give prior permission for emergency treatment for my minor child by doctor or my choice or by the hospital emergency room doctor on duty if my private physician is not available.

Primary Physican _____	Phone () _____
Parent Signature _____	Date _____

Please list child's name and any special health conditions, allergies or handicaps in which the swim team personnel should be aware of on the back of this form

ALL PARENTS ARE EXPTECTED TO WORK HALF OF EACH MEET

If this is not followed, the child will not be allowed to swim.

Please circle the meets on which you are planning to be OUT OF TOWN/NOT SWIMMING

6/21 6/26 6/28 7/5 7/10 7/18 7/21

Fee: \$40 first swimmer, \$30 second swimmer, \$20 each additional swimmer

Payment: Cash \$ _____	Check # _____ Amount \$ _____
SwimCaps _____	Suits _____ T-Shirts _____