Newtown Crossing Swim Team

2015 Priority Registration - NCCA Residents / NCST Returning families

Athlete #1 Information

Please print

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (Nickname): _____ Age: _____

Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Athlete #2 Information

Please print

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (Nickname): _____ Age: _____

Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Athlete #3 Information

Please print

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (Nickname): _____ Age: _____

Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Athlete #4 Information

Please print

Last Name: _____ First Name: _____ Middle Initial: _____

Preferred Name (Nickname): _____ Age: _____

Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Contact Information

Please print

Home Phone: _____

Father's Name (Last, First): _____

Father's Mailing Address: _____

Cell Phone: _____ Email: _____

Mother's Name (Last, First): _____

Mother's Mailing Address: _____

Cell Phone: _____ Email: _____

Medical Information

Please print

Family Physician's Name: _____

Family Physician's Phone: _____

Insurance Carrier Name: _____

Insurance Group Number: _____

Insurance ID Number: _____

Medical Concerns/Conditions: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I agree to my child(ren)s' picture(s) being published on the team's website or for team publicity: _____

Parent Signature: _____