



Newtown Crossing Swim Team

2016 Priority Registration - NCCA Residents / NCST Returning families

Please print

Athlete #1 Information

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name (Nickname): _____ Age: _____
Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Please print

Athlete #2 Information

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name (Nickname): _____ Age: _____
Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Please print

Athlete #3 Information

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name (Nickname): _____ Age: _____
Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Please print

Athlete #4 Information

Last Name: _____ First Name: _____ Middle Initial: _____
Preferred Name (Nickname): _____ Age: _____
Birthdate: _____ Shirt/Pant Size: _____ Gender: _____

Please print

Contact Information

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: _____

Please print

Medical Information

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: _____