New Fairfield Aquaflyer

Registration Form

Name:

Last	MI	First	Age	Returning Or New	Competitive or Recreational	Long Course
_____	___	_____	_____	_____	_____	[ ]
_____	___	_____	_____	_____	_____	[ ]
_____	___	_____	_____	_____	_____	[ ]

Address: _____

Home Phone: _____ **Parent's E-Mail(s):** _____

Parent/Guardian Information

Father **Name:** _____

Address: _____

_____

Phone: _____ **home**

_____ **work**

_____ **cell**

Mother **Name:** _____

Address: _____

_____

Phone: _____ **home**

_____ **work**

_____ **cell**

Emergency Contact: **Name:** _____

(other than parent) **Phone(s):** _____

Relationship: _____

Medical Information (confidential): please note any conditions you feel may help coaches be prepared to deal with the welfare of your swimmer.

	Swimmer 1	Swimmer 2	Swimmer 3
Allergies	_____	_____	_____
Asthma	_____	_____	_____
Epilepsy/Seizures	_____	_____	_____
Hearing Loss	_____	_____	_____
Other	_____	_____	_____

Ethnicity (optional)	Swimmer 1	Swimmer 2	Swimmer 3
African American	_____	_____	_____
Asian or Pacific Islander	_____	_____	_____
Caucasian	_____	_____	_____
Hispanic	_____	_____	_____
Native American	_____	_____	_____
Other	_____	_____	_____