

**MBII BLUE DOLPHINS
2009 Registration Form**

Family Information

Parent's

(Last Name): _____ (Mother name /Father name) _____

Address: _____

Phone: Home: _____ Mother's Work Phone: _____

Father's Work Phone: _____ Email: _____

In an emergency and parent(s) are not available, contact:

Name: _____ Relationship: _____

Phone Number: _____

Doctor: _____ Phone : _____

Other emergency Information (allergies, etc.):

Swimmer Information

| Swimmer's Name | Birth Date | Age on May 31 | Sex M/F | Any Medical Conditions ? |
|-----------------------|-------------------|--------------------------|--------------------|---------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Describe any medical conditions:

If new to the MBII Team, please indicate any prior swim lessons or swim team experience(s):

I (we), the undersigned, hereby grant permission for the swim team coaching staff and/or parent volunteer to obtain and to authorize emergency medical treatment for the above named swimmer(s).

Parent(s) Signature

Date