

REGISTRATION INFORMATION: LAST NAME: _____

Mother Name: _____
E-mail: _____ Father Name: _____
Cell Phone: _____ E-mail: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Home Phone: _____
Address: _____ Work Phone: _____
Address: _____

Emergency Contact: _____ Phone: _____
Address: _____

Children's Names: _____
Gender: M or F _____
Date of Birth _____

REGISTRATION FEES:

First child \$115.00 , Second child \$90.00, Each additional child \$55.00, Exhibition Swimmer \$55.00

	\$115	\$90	\$55	\$55
AAU Insurance \$14	\$14	\$14	\$14	\$14
Volunteer Non-Participation Fee \$50				
ILBC Member Discount (-\$25)			(-\$15)	

TOTAL: _____
FAMILY TOTAL: _____

HEALTH:

Please indicate if your children have any medical conditions of which we should be aware. If a participant has any medical condition that requires medication or emergency medication, please be advised that it is the participant and/or guardian's responsibility to have with them and administer that medication at any swim team activity.

Children's Doctor Name and Phone #: _____

Insurance Carrier and Policy #: _____

I authorize Indian Landing Boat Club and it's representatives to obtain emergency medical care for my children in the event that I am unable to be reached .

Parent Signature: _____ Parent Signature: _____