



**The Country Pool Swim Team**  
73 Wain Road  
Chesterfield, NJ 08515  
www.thecountrypool.com



## Swim Team Registration Form

Swimmer

Name: \_\_\_\_\_  
Last First MI

- ☐ Pool Member (\$40/swimmer)  
☐ Pool Non-Member (\$200/swimmer)

Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Gender: Boy / Girl

Address: \_\_\_\_\_  
Street City State Zip

Home ☎: \_\_\_\_\_

Father: \_\_\_\_\_  
Last First

Mother: \_\_\_\_\_  
Last First

Cell ☎: \_\_\_\_\_

Cell ☎: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_  
Last First

Home ☎: \_\_\_\_\_

Cell ☎: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Anything that the coaching staff should know about the swimmer that would help aid them in instructing/working with the swimmer (e.g., difficulty following multiple directions, anxiety issues, ADHD, etc.):

- I agree that as part of my child's participation that I will volunteer to help the team at swim meets and other team functions.
- I agree that Country Pool and their employees and members will not be held responsible in the case of an accident involving my child. I understand the risks associated with swimming and take full responsibility.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_