



Lochearn Swim Team Registration 2016
Lochearn Community Pool Membership Required
Registration/ Emergency Information Form

Child's Name(s)

1. _____ DOB _____
2. _____ DOB _____
3. _____ DOB _____
4. _____ DOB _____

Parent(s) Name(s) _____

Email Address _____

Address, Zip Code _____

Phone (home) _____ (work) _____ (cell) _____

Emergency Contact Person _____

Phone(s)

Medical Information

Allergies of any kind (including medications) _____

Existing medical condition/disease
