

# New Fairfield AquaFlyer Registration Form 2011-2012

Last	First	Middle	DOB	Grade	Team

Are swimmers US Citizens? Yes / No

Swimmer's Address: \_\_\_\_\_

Best contact E-Mail(s): \_\_\_\_\_

**Parent/Guardian Information:**

#1 Name: \_\_\_\_\_ Best contact number: \_\_\_\_\_

Address( if different): \_\_\_\_\_

#2 Name: \_\_\_\_\_ Best contact number: \_\_\_\_\_

Address( if different): \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 (other than parent) Phone(s): \_\_\_\_\_

**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	_____	_____	_____

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

I agree to have my swimmer's name/ team/ address and e-mail address made available to other team families on a team roster      Yes      No      (circle one)

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_