

EMERGENCY INFORMATION

LAST NAME: _____

E-Mail _____

ILBC SWIMTEAM REGISTRATION FORM AND EMERGENCY INFORMATION

**** PLEASE NOTE THAT THIS FORM MUST BE COMPLETED AND RETURNED AT THE TIME OF REGISTRATION. YOU MAY USE ONE FORM FOR ALL YOUR CHILDREN AS LONG AS THE LAST NAMES ARE THE SAME, THEY LIVE AT THE SAME ADDRESS AND THE EMERGENCY INFORMATION IS THE SAME. OTHERWISE, YOU MUST FILL OUT DIFFERENT FORMS.**

CHILD(REN)'S NAME: _____

BIRTHDATE: _____

CHILD'S ADDRESS: _____

MOTHER'S NAME: _____
(or guardian)

MOTHER'S ADDRESS : _____
(if different than child's) _____

MOTHER'S HOME PHONE: (____) _____

MOTHER'S WORK PHONE: (____) _____ CELL: (____) _____

FATHER'S NAME: _____
(or guardian)

FATHER'S ADDRESS: _____
(if different than child's) _____

FATHER'S HOME PHONE: (____) _____

FATHER'S WORK PHONE: (____) _____ CELL: (____) _____

IN CASE OF AN EMERGENCY AND THE PARENTS CANNOT BE REACHED, PLEASE CONTACT:

NAME: _____

ADDRESS: _____

HOME PHONE: (____) _____

WORK PHONE: (____) _____ CELL: (____) _____