



We build strong kids, strong families, strong communities.

Walnut Creek Swim Team Registration Form

Swimmers Name	T-Shirt Size	Age	School	Birthdate Mm/dd/YYYY
1.				
2.				
3.				

Mother's name: _____

Father's Name: _____

Mothers Work Phone: _____

Fathers Work Phone: _____

Mothers Cell Phone: _____

Fathers Cell Phone: _____

Email Address: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Medical Conditions:

In my absence and in the event of physical injury to my child(ren), I hereby allow my child(ren) to be treated by a physician or other medical personnel. To properly treat a physical injury, this may mean using ambulance and hospital services in the local area where the injury was sustained.

X _____
(Signature of Parent)

Date: _____

**All families will be assigned a volunteer area for the season. Please note your order of preference!
Review the Volunteers Opportunities on www.walnutcreekswimteam.com**

Circle areas you are interested in:

TIMER

CONCESSION

CLERK OF COURSE

CERTIFIED TIMER

SET-UP/CLEAN-UP

CERTIFIED OFFICIAL

COMPUTER

RIBBONS

FUN TEAM EVENT PLANNING

I am interested in becoming a certified timer or official? YES NO _____

I am interested in being a LEAD parent? YES NO _____