

<b>CHASE CREEK SWIM TEAM REGISTRATION</b>
---

Child(ren)'s Last Name: -

\_\_\_\_\_

Parent's Last Name (if different from above):

\_\_\_\_\_

Parent's First Names: Parent 1: \_\_\_\_\_ Parent  
2: \_\_\_\_\_

Address:

\_\_\_\_\_

Street	City	Zip Code
--------	------	----------

Phone: Home: \_\_\_\_\_ Parent 1 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Parent 2 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

E-mail address: \_\_\_\_\_

Child's First Name	Birth Date	Child's Age As Of 6/1/08	M/F

**Emergency Information**

Dentist's Name: \_\_\_\_\_ Dentist's Phone: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Doctor's Address:

\_\_\_\_\_

