

**Bishop Shanahan Swim and Diving Team  
 Registration 2009 -2010 Season  
 PLEASE PRINT ALL INFORMATION CLEARLY**

<b>Office Use Only</b>	
Swim/dive fee	_____
School fee	_____
Physical form	_____
Contract	_____

**Last Name:** \_\_\_\_\_ **M / F**

First Name	Middle	Date of Birth	Age (a/o 12-1-10)	# of yrs. on team (including 2010)	Winter Team/ # of Years
_____	_____	_____	_____	_____	_____

Please provide swimming/diving experience \_\_\_\_\_

E-mail address of student: \_\_\_\_\_  
 (Please list the email address that you check on a regular basis)

Student's Cell Phone #: \_\_\_\_\_ **Swimmers Year in school** \_\_\_\_\_

**Contact Information:**

Mother \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone (day/cell): \_\_\_\_\_

Father \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone (day/cell): \_\_\_\_\_

Mailing/Home address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

(Name, Relationship, Phone Number)

**Insurance Carrier** \_\_\_\_\_ **Policy #** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Allergies or other medical conditions** (please explain in detail and give any special instructions)

Please list name of swimmer and condition.

\_\_\_\_\_

**Parental Consent:** I hereby consent to the emergency care of a First Aid provider, EMT and Physician (as needed)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

