



BRIDGETON SWIM CLUB

Flying Tigers

Swimmer Registration Form



Family Last Name:

Swimmer's First Name & Middle Initial	Birth Date (xx/xx/xxxx)	Age & Sex	FEES	Group
	/ /	/		SD AG1 AG2 SR
	/ /	/		SD AG1 AG2 SR
	/ /	/		SD AG1 AG2 SR
	/ /	/		SD AG1 AG2 SR

Bridgeton Swim Club annual registration fee, \$35 per family

\$35

USA Swimming annual registration fee, **\$50 per swimmer**

USA Swimming transfer fee (if applicable) \$1 per swimmer

TOTAL AMOUNT DUE

Amount PAID

Balance Due

MONTHLY FEES

Stroke Development

(SD) \$40

Age Group

(AG1) \$55

Age Group 2

(AG2) \$55

Senior

(SR) \$65

Form of Payment: Cash Check # _____ Date Paid: _____

Parent/Guardian Info:

Mother/Guardian Name: _____ Home ph: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Father/Guardian Name: _____ Home ph: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Mother/Guardian Name: _____ Home ph: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Father/Guardian Name: _____ Home ph: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Emergency Contact: _____ Home ph: _____ Cell: _____

Preferred phone number for call blast _____

I consent to the participation of the above named athlete(s) in the BSC swim program and agree to allow the Bridgeton Swim Club to post my(check all that apply) swimmer(s) first name(s) ONLY, phone #, email address, swimmer(s) first and last name(s), parent/guardian name(s) on the team web page accessible only to Bridgeton Swim Club members via password.

or DO NOT POST INFO

Signature _____

date _____

Medical History and Authorization

Please mark the correct answer. All information will remain confidential.

Swimmer's 1 st name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<ol style="list-style-type: none"> 1. Has the athlete ever had hospitalization, surgery, injury or serious medical illness? 2. Is this athlete now under the care of a physician or taking any medication? 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports? 4. Does this athlete have any known allergies to medication? 5. Does this athlete wear glasses or contact lenses? Give the date of last eye exam, if yes. 6. Has the athlete ever blacked out or lost consciousness during a physical activity? If yes to any of the above, please give a brief description: _____ _____
Swimmer's 1 st name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<ol style="list-style-type: none"> 1. Has the athlete ever had hospitalization, surgery, injury or serious medical illness? 2. Is this athlete now under the care of a physician or taking any medication? 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive sports? 4. Does this athlete have any known allergies to medication? 5. Does this athlete wear glasses or contact lenses? Give the date of last eye exam, if yes. 6. Has the athlete ever blacked out or lost consciousness during a physical activity? If yes to any of the above, please give a brief description: _____ _____
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Family Physician's Name: _____ Phone #: _____
 Med. Insurance Co: _____ Group/Policy#: _____ Member/ID# _____