

West Mobile Swim Club
Family Information

Parent Information:

Father's Last Name: _____ **First** _____ **Middle Initial** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Home Phone # _____ **Work #** _____ **Cell #** _____

E-mail address (Please print) _____

Place of employment _____

Mother's Last Name: _____ **First** _____ **Middle Initial** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Home Phone # _____ **Work #** _____ **Cell #** _____

E-mail address (Please print very clearly) _____

Place of employment _____

*****A photo copy of you and your spouse's current driver's license is required at time of registration.**

Children Information:

Name: _____ **M/F** **Age:** _____ **Birth date** _____

Name: _____ **M/F** **Age:** _____ **Birth date** _____

Name: _____ **M/F** **Age:** _____ **Birth date** _____

Name: _____ **M/F** **Age:** _____ **Birth date** _____

Emergency Information (non-parent contact):

Name: _____ **Relationship:** _____ **Phone** _____

Physician: _____ **Phone** _____

Hospital _____ **Insurance Carrier** _____ **Policy #** _____

