

# Col. Crawford Summer Swim Team Registration Form

Swimmer's Name \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City, State Zip Code

Home Phone \_\_\_\_\_

Parent or Guardian #1

Parent or Guardian #2

Name \_\_\_\_\_

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Add this number to the text msg. group?

Yes \_\_\_\_\_ No \_\_\_\_\_

Cell Phone \_\_\_\_\_

Add this number to the text msg. group?

Yes \_\_\_\_\_ No \_\_\_\_\_

Email \_\_\_\_\_

Add this email to the list for updates?

Yes \_\_\_\_\_ No \_\_\_\_\_

Email \_\_\_\_\_

Add this email to the list for updates?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please check any areas where you are willing to volunteer:

Concession Worker \_\_\_\_\_

Timer \_\_\_\_\_

Official \_\_\_\_\_

Scorer \_\_\_\_\_

Bulpen Worker \_\_\_\_\_

Runner \_\_\_\_\_

Meet Set up \_\_\_\_\_

Meet Tear Down \_\_\_\_\_

Other \_\_\_\_\_

Please check any areas where you are willing to volunteer:

Concession Worker \_\_\_\_\_

Timer \_\_\_\_\_

Official \_\_\_\_\_

Scorer \_\_\_\_\_

Bulpen Worker \_\_\_\_\_

Runner \_\_\_\_\_

Meet Set up \_\_\_\_\_

Meet Tear Down \_\_\_\_\_

Other \_\_\_\_\_

Team Fee - \$40.00 Make check out to CCSST.