**Col. Crawford Summer Swim Team**

 **Registration Form**

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City, State Zip Code

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Swimmer Cell Phone (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian #1

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Add this number to the text msg. group?

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

Cell provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_

Bullpen Worker \_\_\_\_

Runner \_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian #2

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Add this number to the text msg. group?

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

Cell provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_

Bullpen Worker \_\_\_\_

Runner \_\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Fees -

$40.00 - CC Summer Team Fee

Make check out to CCSST.