



Family Last Name: _____

Pre-Season Camp Registration
Gold/Silver/Bronze Groups

August 30 – September 17, 2010

FEES: \$120 for Gold/Silver Group and \$95 for Bronze Group

Swimmer's Name	Fees Owed
1.	\$
2.	+ \$
Non-refundable Fee Payable by check to: Dynamo Swim Team By August 30	= \$

COMPLETE THE SECTIONS BELOW, ONLY IF THERE ARE CHANGES TO THE INFORMATION THAT WAS PROVIDED FROM THE PREVIOUS SEASON

Father or Guardian	Name	Mother or Guardian
	Address	
	City, Zip Code	
	Home Phone	
	Work Phone	
	Cell Phone	
	Email Address	

If parents are unavailable, please contact the person designated below:

Contact:	Relationship:	Phone: () -
Additional comments regarding medical history: medication, allergies, drug reactions, etc. which may be useful in rendering medical treatment:		
Athlete 1. Name:		
Comments:		
Athlete 2. Name:		
Comments:		
Athlete 3. Name:		
Comments:		
DOCTOR:	Phone: () -	
Insurance Information	Policy Holder's Name:	
Company Name:	Policy Number:	
Address:	City	State: Zip:
Telephone:		