BLACK DOG SWIMMING
PO Box 1022
Burnsville, MN
55337
(952) 440 - 1033

Registration Form – Spring/Summer 2009

Swimmer Information

1) Team: ☐Platinum ☐Gold ☐Silver ☐Bronze ☐Novice **1a) Pool:** ☐Savage (Eagle Ridge) ☐Burnsville HS ☐Apple Valley (Rosemount Middle Sch.)

2) Swimmers Name: _____
Last Name First Name Middle Initial

3) Preferred Name: _____ **4) Gender:** ☐Male ☐Female **5) Birth Date:**_____/_____/_____

6) Age: _____ **7) Grade:** _____ **8a) School Attending:** _____ **8b) School District** _____

9) Address: _____
Street City State Zip Code

10) Home Phone: _____ **11) Swimmers email address:** _____

12) Citizenship: ☐United States ☐Other (list Country or Countries) _____

13) Are you transferring from another Club? ☐ No ☐Yes, list club name _____

14) Swimmer is under Custodial care of: ☐Both Parents ☐Mother ☐Father ☐ Other, specify _____

15) New Swimmers – How did you hear about the Club? Adult Friend ____Child Friend ____Newspaper ____School Flyer ____Stroke Clinic_____

Emergency and Health Information

17) Father's Name _____ **Work Phone** _____ **Cell Phone** _____

18) Mother's Name _____ **Work Phone** _____ **Cell Phone** _____

19) Emergency Contact _____ **Work Phone** _____ **Cell Phone** _____
(other than parent)

20) Relationship of Emergency Contact _____

21) Doctor or Clinic _____ **Phone** _____

22) Hospital _____

23) Does swimmer have any health concerns or allergies that the coaches should be aware of? ☐ No ☐Yes, explain below

_____

_____

Billing Information

24) Responsible Party to be Billed _____ **Relationship to Swimmer** _____

25) Address: _____

26) *Important* Email Address _____ (will be used to send invoices and statements)

27) Home Phone _____ **28) Work Phone** _____ **29) Cell Phone** _____

My swimmer is applying for membership in Black Dog Swimming with my knowledge ad consent. I understand the required membership dues, fees and policies as outlined in the "Family Responsibilities and Club Policies" to be a member of Black Dog Swimming.

_____ _____
Signature of Parent or Guardian required Date