

LAKELAND SWIM TEAM MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	Email:	Home Phone:
Current address:		
City:	State:	ZIP Code:
Daytime Phone:	Cell Phone:	Current Age:

SCHOOL INFORMATION

Current School:	Phone:
School address:	Grade:
City:	State:
	ZIP Code:

INSURANCE INFORMATION

Insurance Provider:	Preferred Hospital:
Group#	Policy Number:
Medical Conditions/Allergies:	Physician Phone #

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

FATHER INFORMATION

Name:	Email:
Address:	Phone:
Email:	Cell Phone:

MOTHER INFORMATION

Name:	Email:
Address:	Phone:
Email:	Cell Phone:

SIGNATURES

I understand that in order to be a member of the Lakeland SwimFamily(in affilliation with NJ Wave) I will be swimming under the US Swim Team Rules and Regulations and will be registered with the US Swim team.	US Swim Member #
Signature of Parent:	Date:
Signature of Applicant:	Date:

[Contact Webmaster](#)