



# Stone Crabs Swim Team

1085 Crane Crest Way, Orlando, FL, 32825

407-282-4970

[stonecrabs@aol.com](mailto:stonecrabs@aol.com)

[www.StoneCrabsSwimTeam.com](http://www.StoneCrabsSwimTeam.com)



Child's Name 1: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Child's Name 2: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Child's Name 3: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Child's Name 4: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Child's Name 5: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Child's School: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Medical Complications/Allergies: \_\_\_\_\_

I/we the parent(s) of the above named, hereby give my/our approval for the same to participate in any and all **STONE CRABS SWIM TEAM** activities. I/we agree to hold harmless **Stone Crabs Swim Team** and its representatives for any claims of injury except to the extent covered by accident or liability insurance.

Mother's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Please make all checks payable to: **Stone Crabs Swim Team**
  - You may also pay via PayPal ([stonecrabs@aol.com](mailto:stonecrabs@aol.com))
- **Registration fee, USA Swimming fee, Club fee, and Monthly fee are all due at time of registration**