

Red Fox Aquatics Membership Application

(Please Print)

Name of Swimmer (Last, First, MI)	DOB (MM/DD/YY)	Age	M or F
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Parent/Guardian Information:

Father

Address _____

Mother

Address _____

Father Home Phone	() _____	Mother Home Phone	() _____
Father Cell Phone	() _____	Mother Cell Phone	() _____
Father Work Phone	() _____	Mother Work Phone	() _____

**Account Email Address: _____

Please read and sign the following:

I understand that I am responsible for the conduct of my child(ren) at all MSC activities. I agree to support MSC in their mission and goals. I am willing to volunteer and assist at meets and to help support fundraising activities for the team.

Parent Signature _____ Date _____

In the event of an emergency, we will make every effort possible to reach you, the parent or guardian. However, if for any reason you cannot be reached, we ask you provide the name and phone # of the person you would like us to notify.

Name _____ Relationship _____ Phone () _____

Physician Name _____ Phone () _____

List any medical conditions:

Photo Release

From time to time, team photos are posted to the team website. In the event that we use your child's photograph, we need your permission. Therefore, please sign below indicating whether or not we may use your child's photograph.

Please circle: YES - my child(ren)'s photograph may be used. NO - please do not use my child(ren)'s photograph.

Parent Signature _____ Date _____

* Return application to:

Director/Head Coach Jim Billesimo, 99 Gabriels Path Poughquag, NY 12570 845-242-2839

Training Group: OFFICE USE ONLY

Junior Squad (LEVEL V) - _____

Junior Squad (LEVEL IV) - _____ TM _____

Age-Group Squad (LEVEL III) - _____

Age-Group Squad (LEVEL II) - _____ FM _____

Senior Squad (LEVEL I) - _____