

LOLLIPOPS REGISTRATION

Sylvan Members ONLY

\$30 per Swimmer

Family Last Name: _____ Sylvan Pool Member # _____

Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Name of Parents or Guardians: _____

Family Medical Information:

Contact (other than parent) in case of emergency: _____

Phone: _____

Child's Physician: _____ Phone: _____

Medical Coverage: _____

ID # _____ Group # _____

SWIMMER INFORMATION

Name	Gender	Birthdate	Age as of 06/01/2025	Amount Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Swim Cap (red with new logo) Qty _____ x \$10.00 = _____

PAID CASH _____ CHECK # _____ **TOTAL AMOUNT DUE** _____

Payable to: **Sylvan Swim Team** (Fees CANNOT be prorated)

Will your swimmer/s be able to participate in the Lollipop championships on July 12th (8 & under only)?
YES or NO (Circle One) If no, why _____ **If**
your swimmer is attending, each family is required to volunteer during the Lollipop Championship.
Do you acknowledge this requirement? YES or NO (Circle One) Parent/Guardian Initial _____

Do you give permission to have photos of your swimmer/s posted on our Facebook Page?

YES or NO (Circle One)

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

Swimmer Name _____

Does the swimmer have any of the following conditions?

Asthma yes _____ no _____

Epilepsy yes _____ no _____

Heart Problems yes _____ no _____

Dizzy Spells yes _____ no _____

Fainting Spells yes _____ no _____

Allergies yes _____ no _____ Explain: _____

Taking Medications? yes _____ no _____ Explain: _____

Explain any other medical problems we should know about: _____

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