



BOYS & GIRLS CLUB
OF WOBURN, MA



H₂O/ Lucky's Lobsters Swim Team
Registration and Information Sheet

Please clearly PRINT all information. Thank you!

Today Date _____

Rev. 08/15/05

Parent/Guardian Information

Last Name		Father's First Name		Cell Telephone Number	
Mother's Last Name (If Difference)		Mother's First Name		Cell Telephone Number	
Address		City		State	Zip Code
Home Phone Number	Work Phone Number	Name		Home E-Mail	
Contact Phone Number	Name		Relationship		
Emergency Phone Number	Name		Relationship		

Parental and volunteer involvement is crucial to the success of the Swim Team.
Please check the appropriate boxes in which you will be of service to the Team.

- | | | |
|---|--|--|
| <input type="checkbox"/> Concession Stand Organizer | <input type="checkbox"/> Meet Timer | <input type="checkbox"/> Bull Pin |
| <input type="checkbox"/> Concession Stand -Helper | <input type="checkbox"/> Meet Scorer | <input type="checkbox"/> Newspaper Writer |
| <input type="checkbox"/> Concession Stand – Food & Drinks | <input type="checkbox"/> Starter | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Equipment Organizer | <input type="checkbox"/> Ribbon Writers | <input type="checkbox"/> News Letter |
| <input type="checkbox"/> Team Banquet Organizer | <input type="checkbox"/> Stroke & Turn Judge | <input type="checkbox"/> Coaches Assistant |
| <input type="checkbox"/> Team Banquet | <input type="checkbox"/> Seed Card Runner | <input type="checkbox"/> |
| <input type="checkbox"/> Swim-a-thon Organizer | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Other: _____ |

It is important that your household have access to a computer that is connected to the internet for up-dated information from either e-mail or our web page at www.buckwebs.com/swim

Payment Information, For Official Use Only

Club Fee Per Swimmer: \$ 16.00, Pot-of-Gold Fee 1/2 Ticket Per Swimmer (\$ 50.00) &
Swim Team Fee: For One \$ 80.00, For Two \$ 130.00, For Three or More \$ 180.00

Club Fee: Total No. Amount \$ _____ Check # _____ Date: _____

Swim Team Fee: Total No. Amount \$ _____ Pot-of-Gold Fee: Total No. Amount \$ _____

Total Amount \$ _____ Check # _____ Date: _____

Please turn this form over and fill out your Child(ren) Information

Children(s) Information (Medical Info, Diabetic, Asthma, or Etc.)

_____	_____	_____	_____	() F () M
First Name	Last Name	M	Date of Birth	Sex
_____	_____	_____	_____	_____
Grade	School	Squad	E-Mail	
_____	_____	_____	_____	_____
Medical		Medication		
()	New Swimmer	()	Returning Swimmer	

Children(s) Information (Medical Info, Diabetic, Asthma, or Etc.)

_____	_____	_____	_____	() F () M
First Name	Last Name	M	Date of Birth	Sex
_____	_____	_____	_____	_____
Grade	School	Squad	E-Mail	
_____	_____	_____	_____	_____
Medical		Medication		
()	New Swimmer	()	Returning Swimmer	

Children(s) Information (Medical Info, Diabetic, Asthma, or Etc.)

_____	_____	_____	_____	() F () M
First Name	Last Name	M	Date of Birth	Sex
_____	_____	_____	_____	_____
Grade	School	Squad	E-Mail	
_____	_____	_____	_____	_____
Medical		Medication		
()	New Swimmer	()	Returning Swimmer	

Children(s) Information (Medical Info, Diabetic, Asthma, or Etc.)

_____	_____	_____	_____	() F () M
First Name	Last Name	M	Date of Birth	Sex
_____	_____	_____	_____	_____
Grade	School	Squad	E-Mail	
_____	_____	_____	_____	_____
Medical		Medication		
()	New Swimmer	()	Returning Swimmer	

Children(s) Information (Medical Info, Diabetic, Asthma, or Etc.)

_____	_____	_____	_____	() F () M
First Name	Last Name	M	Date of Birth	Sex
_____	_____	_____	_____	_____
Grade	School	Squad	E-Mail	
_____	_____	_____	_____	_____
Medical		Medication		
()	New Swimmer	()	Returning Swimmer	
