



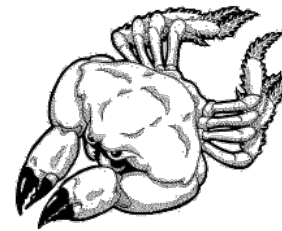
Stone Crabs Swim Team

1085 Crane Crest Way, Orlando, FL, 32825

407-282-4970

stonecrabs@aol.com

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 Venmo (**@stonecrabs**)
- **Registration fee and Monthly fee are all due at time of registration**