



554 North Westmoreland Rd. Lake Forest, IL 60045

2019 AQUATIC REGISTRATION FORM

STEP 1. PRINT OUT---STEP 2. FILL OUT----STEP 3. RETURN TO LFC OFFICE OR TIM RICHARDSON

SWIM TEAM: \$375.00 - CHOICE - SW (Each extra family member \$350)
SWIM & DIVE TEAM: \$525.00 - CHOICE -SD (Each extra family member \$500)
DIVE (NO SWIM) TEAM: \$225.00 - CHOICE – DV(Each extra family member \$200)

PLEASE FILL OUT COMPLETELY

MEMBER LAST NAME: _____
MEMBER PARENT FIRST NAME: _____
CONTACT EMAIL: _____@_____
EMERGENCY PHONE NUMBER: _____

PARENT MUST CHOOSE ONE OF THESE DAYS TO WORK AT THE LFC HOME SWIM MEET: (CHECK ONE)
THURS, JUNE 13 _____ THURS, JUNE 27 _____ TUES, JULY 9 _____

CHILD #1 FIRST NAME _____ BIRTHDATE _____ CHILD TSHIRT SIZE _____
CHOICE: SW _____ SD _____ DV _____ (MARK AN X)

CHILD #2 FIRST NAME _____ BIRTHDATE _____ CHILD TSHIRT SIZE _____
CHOICE: SW _____ SD _____ DV _____ (MARK AN X)

CHILD #3 FIRST NAME _____ BIRTHDATE _____ CHILD TSHIRT SIZE _____
CHOICE: SW _____ SD _____ DV _____ (MARK AN X)

CHILD #4 FIRST NAME _____ BIRTHDATE _____ CHILD TSHIRT SIZE _____
CHOICE: SW _____ SD _____ DV _____ (MARK AN X)

ALLERGY INFORMATION _____