

DAAC Registration Form

Find this season's information on the Web: @www.swimdover.org

This Seasons Dues:

1st Child \$35, 2nd Child \$30, 3rd Child \$25, 4th Child= free

Registration \$25/Child

Parent Information:

Last Name First Names

Address

City Zip Home phone

Mothers Phone: Work Fathers Phone: Work
Cell Cell

E-mail(s) where you would like to receive DAAC news and updates

By entering your e-mail address here you are giving DAAC permission to contact you in this format.

Emergency Contact (other than parents)

Last Name First Name Phone

Swimmer(s) Information

Doctors Name Doctors Phone

Hospital Preference

First Child

Last Name First name Middle Initial

Preferred Name Birth Date Male Female

Please List any Medical Conditions and Medications We May Need to Be Aware of:

Second Child

Last Name First name Middle Initial

Preferred Name Birth Date Male Female

Please List any Medical Conditions and Medications We May Need to Be Aware of:

Third Child

Last Name First name Middle Initial

Preferred Name Birth Date Male Female

Please List any Medical Conditions and Medications We May Need to Be Aware of:

Fourth Child

Last Name First name Middle Initial

Preferred Name Birth Date Male Female

Please List any Medical Conditions and Medications We May Need to Be Aware of: