

Memphis Thunder Aquatic Club Swimmer(s) Profile

Swimmer Information:

Swimmer #1: (full name) _____ Birthdate: _____

Group (please check): Senior Group (\$285) Black Group (\$240) Southeastern Group (\$240) Silver Group (\$210)

E-mail address: _____ School Attending & Grade: _____

Swimmer #2: (full name) _____ Birthdate: _____

Group (please check): Senior Group (\$285) Black Group (\$240) Southeastern Group (\$240) Silver Group (\$210)

E-mail address: _____ School Attending & Grade: _____

Swimmer #3: (full name) _____ Birthdate: _____

Group (please check): Senior Group (\$285) Black Group (\$240) Southeastern Group (\$240) Silver Group (\$210)

E-mail address: _____ School Attending & Grade: _____

Swimmer #4: (full name) _____ Birthdate: _____

Group (please check): Senior Group (\$285) Black Group (\$240) Southeastern Group (\$240) Silver Group (\$210)

E-mail address: _____ School Attending & Grade: _____

Family Information:

Parents: (father) _____ (mother) _____

Father's cell: _____ Mother's cell: _____

Father's email: _____ Mother's email: _____

Billing Information:

Billing Address: _____

City, State: _____ ZIP Code: _____ Home Phone #: _____

Billing Email: Father's Mother's Other: _____

Medical Information:

Primary Insurance Provider & Group Number: _____

Primary Care Physician: _____ Phone #: _____

Emergency Contact: (1) _____ Phone #: _____

(2) _____ Phone #: _____

Please list allergies, asthma or any other medical conditions that an emergency care doctor might need to know on the back of form.