



FAMILY INFORMATION

(The information below will be used for Billing and Contact Information – Please print clearly.)

Family Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Billing E-mail: _____

Primary Contact

Secondary Contact

Parent/Guardian: _____ Parent/Guardian: _____

Relationship to swimmer: _____ Relationship to swimmer: _____

Parent/Guardian Work # (_____) _____ Parent/Guardian Work # (_____) _____

Parent/Guardian Cell # (_____) _____ Parent/Guardian Cell # (_____) _____

E-mail: _____ E-mail: _____
(this is the main form of communication for LOSC) *(this is the main form of communication for LOSC)*

Swimmer's Email: _____
(only include if the swimmer monitors their own email for practice changes, notices, etc.)

- I understand my obligation to the Lake Oswego Swim Club and agree to the following:
- 1) To pay my monthly fees and agree to all late fees and penalties if applicable.
 - 2) To give written notification to the treasurer, prior to the next billing cycle, to become inactive with the club. If this is not completed, I am aware that I am fully liable for the full monthly fee even if inactive.
 - 3) To fulfill the Volunteer Hours Requirement or pay the Hours Requirement Fee. (See Volunteer Policy on the website)

(Signature) Date: _____

SWIMMER INFORMATION

Swimmer 1

Name: _____ Date of Birth: ____/____/____
Last First Middle Initial

Preferred Name: _____ Gender: M F USA Citizen?: Y N

School: _____
name town grade

Training Group: _____ Date Swimmer Started Training: _____

If your swimmer was previously registered with another USA Swim Team, please fill out the line below.

Team: _____ LSC: _____ Date of Last Competition: _____

Swimmer 2

Name: _____ **Date of Birth:** ____/____/____
Last First Middle Initial

Preferred Name: _____ **Gender:** M F **USA Citizen?:** Y N

School: _____
name town grade

Training Group: _____ **Date Swimmer Started Training:** _____

If your swimmer was previously registered with another USA Swim Team, please fill out the line below.

Team: _____ **LSC:** _____ **Date of Last Competition:** _____

Swimmer 3

Name: _____ **Date of Birth:** ____/____/____
Last First Middle Initial

Preferred Name: _____ **Gender:** M F **USA Citizen?:** Y N

School: _____
name town grade

Training Group: _____ **Date Swimmer Started Training:** _____

If your swimmer was previously registered with another USA Swim Team, please fill out the line below.

Team: _____ **LSC:** _____ **Date of Last Competition:** _____

Swimmer 4

Name: _____ **Date of Birth:** ____/____/____
Last First Middle Initial

Preferred Name: _____ **Gender:** M F **USA Citizen?:** Y N

School: _____
name town grade

Training Group: _____ **Date Swimmer Started Training:** _____

If your swimmer was previously registered with another USA Swim Team, please fill out the line below.

Team: _____ **LSC:** _____ **Date of Last Competition:** _____

For Office Use Only

Account #: _____