

WINE COUNTRY AQUATICS OF NAPA (WCAN)
www.wcanswim.org

MEMBERSHIP INFORMATION

NAME: (Last, First, Middle)

Swimmer #1: _____ / _____ / _____
(Birthdate) (Age)

Swimmer #2: _____ / _____ / _____
(Birthdate) (Age)

Swimmer #3: _____ / _____ / _____
(Birthdate) (Age)

Swimmer #4: _____ / _____ / _____
(Birthdate) (Age)

PARENT(S):

FATHER Name: _____ Phone: _____

Address: _____ (Street/City/Zip)

Cell phone number: _____

Email address: _____

MOTHER Name: _____ Phone: _____

Address: _____ (Street/City/Zip)

Cell phone number: _____

Email address: _____

FOR CLUB USE ONLY

Sign up date: _____

Swimmer #1 _____ PacSwim _____ Medical _____ FamComm _____ Group

Swimmer #2 _____ PacSwim _____ Medical _____ FamComm _____ Group

Swimmer #3 _____ PacSwim _____ Medical _____ FamComm _____ Group

Swimmer #4 _____ PacSwim _____ Medical _____ FamComm _____ Group