

WCAN
WINE COUNTRY AQUATICS OF NAPA
www.wcanwave.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)

MOTHER Name: _____ Phone: _____

Address: _____
(Street/City/Zip)

CELL PHONE NUMBERS: _____

E-MAIL 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