
Swimmer #1 *Circle One:* **Mini-Marlin \$300** **Marlins \$300** **15-18's \$70** **Paid**_____

Name _____ Gender (M/F) _____ Age on June 15 _____

Address _____ City _____ Zip _____

Birth Date _____ Home Phone _____ Spirit T-Shirt Size: (Youth) S-M-L (Adult) S-M-L-XL-XXL

Medical Insurance Co _____ Policy # _____

Child's physician _____ Tel _____

Physician's address _____ City _____

Child's dentist and/or orthodontist _____

Dentist or orthodontist's address _____ City _____ Tel _____

Allergic to any medications? Y / N If so, describe _____

Any other medical information or allergies? _____

Swimmer #2 *Circle One:* **Mini-Marlin \$300** **Marlins \$300** **15-18's \$70** **Paid**_____

Name _____ Gender (M/F) _____ Age on June 15 _____

Address _____ City _____ Zip _____

Birth Date _____ Home Phone _____ Spirit T-Shirt Size: (Youth) S-M-L (Adult) S-M-L-XL-XXL

Medical Insurance Co _____ Policy # _____

Child's physician _____ Tel _____

Physician's address _____ City _____

Child's dentist and/or orthodontist _____

Dentist or orthodontist's address _____ City _____ Tel _____

Allergic to any medications? Y / N If so, describe _____

Any other medical information or allergies? _____

Swimmer #3 *Circle One:* **Mini-Marlin \$300** **Marlins \$300** **15-18's \$70** **Paid**_____

Name _____ Gender (M/F) _____ Age on June 15 _____

Address _____ City _____ Zip _____

Birth Date _____ Home Phone _____ Spirit T-Shirt Size: (Youth) S-M-L (Adult) S-M-L-XL-XXL

Medical Insurance Co _____ Policy # _____

Child's physician _____ Tel _____

Physician's address _____ City _____

Child's dentist and/or orthodontist _____

Dentist or orthodontist's address _____ City _____ Tel _____

Allergic to any medications? Y / N If so, describe _____

Any other medical information or allergies? _____
