

New Caney Aquatic Team Registration Form

P.O. Box 277
Porter, Texas 77365
281-319-2978

Mother's Name

Father's Name

Address and Zip Code

School District

The registration fee must accompany the registration form. Please make checks payable to **"NCAT"**.

FEES: 1 Swimmer-\$40 2 or more Swimmers- \$80

Swimmers Name Sex Birthdate T-Shirt Size

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Emergency/Medical Information and Release

Home Phone **Mother's Cell** **Mother's Work** **Father's Cell** **Father Work**

Family Physician: _____

Address: _____

Phone: _____

Any Known Medical Conditions or allergies? _____

Alternate Contacts in an emergency:

Name/Phone: _____

Name/ Phone: _____

I give permission for my child's name and picture to be used on the NCAT website. Please accept this document as authority to treat, in case of emergency, my child whose name is listed above.

Signature of Legal Guardian

Date

EMAIL ADDRESS: _____