

CARY SWIM CLUB

FITNESS PARTICIPANT PERSONAL INFORMATION

NAME: _____

IF CSC MEMBER, PLEASE PROVIDE MEMBERSHIP NUMBER: _____

HOME ADDRESS: _____

HOME PHONE #: _____

CELL PHONE #: _____

ALTERNATE PHONE #: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

PRIMARY EMERGENCY CONTACT: _____

RELATIONSHIP: _____

EMERGENCY CONTACT PHONE #: _____

#: _____

SECONDARY EMERGENCY CONTACT: _____

RELATIONSHIP: _____

EMERGENCY CONTACT PHONE #: _____

#: _____

PARTICIPANT'S SIGNATURE _____ DATE _____