



REGISTRATION FORM

Swimmer #1: _____
First Name Last Name Preferred Name Birth Date

Swimmer #2: _____
First Name Last Name Preferred Name Birth Date

Swimmer #3: _____
First Name Last Name Preferred Name Birth Date

Parent/Guardians: _____

Address: _____

City, State, Zip: _____

Cell Number: _____ Email: _____

Second Parent if not living with both (and both will need to be contacted):

Parent/Guardians: _____

Address: _____

City, State, Zip: _____

Cell Number: _____ Email: _____

In case of Emergency: Name _____ Phone: _____