



Registration Form

Date of Application _____

Swimmer's Name: _____

Date of Birth: _____

School: _____

Cell Phone: (swimmer) _____

Previous swimming Experience: _____

Medical issues --- *Please list anything of importance to your child's health for the guidance of the coach – e.g. heart murmur, panic attacks, asthma, etc.*

Family or swimmer's doctor: _____

Parent/Guardian _____

Telephone (home/work/cell)

Mother: _____

Father: _____

Email Address: _____

How many days per week will you be swimming? _____



For Administration only:

Application Approved _____

Date of Approval _____

Print Name _____

Signature _____