

Registration Form



Date: _____

Athlete's Name: _____ Date of Birth: _____

Address Street: _____

City/Town: _____ Zip Code: _____

Home Phone # _____

Mom's Name: _____ Cell #: _____

Mom's Email: _____ Mom's Work: _____

Dad's Name: _____ Cell #: _____

Dad's Email: _____ Dad's Work: _____

Daytime or work Contact Name and Number in the event of urgent contact: _____

Best Contact # for any last minute pool/practice changes: _____

Can the above number receive text messages? YES, I would prefer it NO, please call

Does your child have any health limitations or issues? YES _____ NO _____

**If yes, please explain: _____

Swimming Experience: _____

School Attending in Fall or Winter?/What grade? _____

How did you find out about us? _____

Signature (Parent or guardian)

Date

Please email to Holly Hogg at hollyhogg@gmail.com

