



Summer Session 1 - 2017 Class Registration Form

Athlete's Name _____ **Birthdate** _____

Name Athlete prefers to be called _____

Address _____

City _____ **State** _____ **Zip** _____

home _____ **cell** _____

Mother's Name _____

Address (if different) _____

home _____ **cell** _____ **work** _____

Father's Name _____

Address (if different) _____

home _____ **cell** _____ **work** _____

E-Mail Address(s) ☐ _____ ☐ _____

☐ _____ ☐ _____

Check box if you want this email address to receive blast emails.

SWIMMER EXPECTATIONS/RESPONSIBILITIES:

- Swimmers are expected to show respect for all individuals including fellow teammates, coaches, parents, etc.
- Swimmers are expected to maintain a positive attitude toward all aspects of their training and participation with Indy Synchro.

I fully understand and agree to abide by the swimmer & parent responsibilities (listed on class fee page).

Swimmer Name _____

Swimmer Signature _____

Parent/Guardian Signature _____

Date _____