

2020 Swim Team Registration

(Child 1) Name _____

Last

First

MI

Birthdate ____ / ____ / ____ Age _____ Gender: M/F School _____

Allergies? Y / N (Please list) _____

(Child 2) Name _____

Last

First

MI

Birthdate ____ / ____ / ____ Age _____ Gender: M/F School _____

Allergies? Y / N (Please list) _____

(Child 3) Name _____

Last

First

MI

Birthdate ____ / ____ / ____ Age _____ Gender: M/F School _____

Allergies? Y / N (Please list) _____

(Child 4) Name _____

Last

First

MI

Birthdate ____ / ____ / ____ Age _____ Gender: M/F School _____

Allergies? Y / N (Please list) _____

Address _____

City/State/Zip _____

Parent Name (s) _____

Parent Phone _____

Parent Email _____

For office use only:

Amount owed: _____

Amount paid: _____

Receipt # _____

Amount owed: _____

Amount paid: _____

Receipt # _____