

REACH AQUATICS SWIM CLUB REGISTRATION FORM

SWIMMER INFORMATION:

Last Name First Name Middle Name

Date of birth: _____ Gender: _____

Full Address: _____
Street City Zip code

Do you reside within D211 Boundaries? _____

Home Phone Number: _____ Cell _____

Email Address for Website Access _____

Any known medical issues for participant? Yes / No If yes, please explain below:

Parent/Guardian Information

Fathers Name _____ Mothers Name _____

Contact # _____ Contact # _____

Guardian Name _____

Contact # _____

Additional Information: _____

I have read and understand the Team Information Packet _____

Please sign and date