

Aquaracers Registration Form

(For New Members)



Membership ID _____ (for office use only)

MEMBERS' PARENTS INFORMATION

GUARDIAN/PARENTS NAME:				
ADDRESS:				
Street				
City	State	Zip		
E-mail Address				
PHONE: Cell Phone: ()				
Home: ()				
How did you find us? Flyers/Poster(), Internet (),	Local Ads (), I	Family (), Refer	ral (
			name	
SWIMMER #1				
NAME				
Last	First		Middle	
GENDER: Male () Female ()	NICI	KNAME:		
BIRTHDAY/ AGE:		Returning	New	
			(please check one)	
SWIMMING POOL LOCATION;]	DAY/TIME:	/	
Swimmer #1 Level Assignment:		(for office use only)		



SWIMMER #2

NAME		
Last	First	Middle
GENDER: Male () Female ()	NICKNAME:	
BIRTHDAY/AGE:	Returning	New
		(please check one)
SWIMMING POOL LOCATION;	DAY/TIME:	/
Swimmer #2 Level Assignment:	(for office use only)	
SWIMMER #3		
NAMELast	First	Middle
Last	FIISt	Middle
GENDER: Male () Female ()	NICKNAME:	
BIRTHDAY/AGE:		
		(please check one)
SWIMMING POOL LOCATION;	DAY/TIME:	/
Swimmer #3 Level Assignment:		(for office use only)
CWIMMED #4		
SWIMMER #4		
NAMELast	First	Middle
GENDER: Male () Female ()	NICKNAME:	
BIRTHDAY/AGE:	Returning	New
		(please check one)
SWIMMING POOL LOCATION;	DAY/TIME:	/
Swimmer #4 Level Assignment:	(for office use only)