



Paid by (Circle one): Cash / Check
Check # (if applicable): _____
Initials of Scarlet Staff: _____

2025-26 REGISTRATION FORM: NJ WAVE DIVISION
USE SEPARATE REGISTRATION FORM FOR EACH SWIMMER

Tryout / Team Registration Fee: There is a \$10 per individual tryout registration **nonrefundable** fee for new team members:

SWIMMER INFORMATION (Please Print & Complete all information)

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Birthdate (MM/DD/YY): _____ Sex (Circle): **M / F**

Summer or Winter Team (if you have previous experience) _____

Please list any MEDICAL CONDITIONS / ALLERGIES (Give details):

PARENT / GUARDIAN INFORMATION (Please Print & Complete all information)

MOTHER

FATHER

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

IMPORTANT (PRINT CLEARLY): Parent E-Mail (to be used for website login / communication):

Parent Cell Phone # (____) _____

Cell Phone Carrier for text messages [Verizon, AT&T, Team Mobile, etc.]: _____

Home Phone # [if applicable]: (____) _____

Additional Cell Phone #'s (if applicable): (____) _____

Please note: Coaches will make final determinations of group placement based on Age, Ability, and size of group.

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Group Placement (determined by coaches):

NAT'L/SECTIONAL SENIOR PERFORMANCE SENIOR DEVELOPMENT

SENIOR PREP AGE GROUP AGE GROUP II SUPER SQUAD

SWIMAMERICA LESSONS