

MOUNTAIN HI SWIM LEAGUE

2024 REGISTRATION AND INSURANCE FORM

(PLEASE PRINT CLEARLY)

TEAM NAME: _____

DATE _____

Swimmer's Legal Name			Gender		Age By	Birth Date			Team
Last Name	Legal First Name	M.I.	M	F	6/1/24	MM	DD	YY	Fees

Note: If a swimmer does not have a middle initial, put in an asterisk*

Parent (Legal Guardian) Information

Mother's Name: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Father's Name: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Address: _____

Emergency Contact: _____ Phone: _____

