

# **BREAKERS SWIM TEAM REGISTRATION INFORMATION WORKSHEET**

**Only complete this worksheet if you have not registered online**

<b>Parents Last Name</b>	<b>Parents First Name</b>

	<b>Last/First Name</b>	<b>Sex</b>	<b>Birthday</b>	<b>Age (As of June 1, 2024)</b>
<b>#1</b>		M F		
<b>#2</b>		M F		
<b>#3</b>		M F		
<b>#4</b>		M F		
<b>#5</b>		M F		

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

## **Emergency Contact Information - (Please provide a Primary and Secondary):**

### **Primary**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Secondary**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_