

# BREAKERS SWIM TEAM REGISTRATION INFORMATION WORKSHEET

Only complete this worksheet if you have not registered online

Parents Last Name	Parents First Name

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

StreetAddress\_\_\_\_\_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: \_\_\_\_\_