

BREAKERS SWIM TEAM REGISTRATION INFORMATION WORKSHEET

Only complete this worksheet if you have not registered online

Parent Information

Parent's Last Name	Parent's First Name
Street Address	City / Zip
Email Address	Home Phone / Cell Phone

Swimmer(s) Information

# of Swimmers	Last / First Name	Sex (M/F)	Birthday	Age (as of June 1, 2025)
1				
2				
3				
4				
5				

Emergency Contact Information

Primary Contact

Last Name	First Name
Phone Number	

Secondary Contact

Last Name	First Name
Phone Number	