

RADIANT AQUATICS Swimmer Registration

Athlete Information

Last Name:	First Name:	M.I
Preferred Name:	Birth Date:	Age:
New Swimmer Referred by:		Gender:
Parent Information		
Last Name:	First Name:	and
Mailing Address:		
City:	State:	Zip:
Contact Information		
Home Phone:	Primary E-mail:	
Mon's Cell:	Dad's Cell:	
Medical Information		
Does your child have any condition	ns the coaching staff should be awa	re of?
If yes, please explain:		
Is your child allergic to any medica	tions?	
If yes, please list:		
Signature		Date:

- You agree to the published RAD monthly fees
- 2024 Florida Swimming registration is required for each swimmer on the team including pre team.
- Sanctioned swim meets may require additional entry fees