



REGISTRATION FORM 2009-10 SEASON

Parents' Information & Emergency Contact Information

**Mother's Info**

Mother's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Father's Info**

Father's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Home Info**

Primary Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Emergency Info**

Emergency Contact Name: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**Swimmer # 1 Info**

Swimmer # 1 Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Does swimmer have any allergies to medications? (penicillin, etc) \_\_\_\_\_

Does swimmer have history of any injuries that could affect swimming? \_\_\_\_\_

**Swimmer # 2 Info**

Swimmer # 2 Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Does swimmer have any allergies to medications? (penicillin, etc) \_\_\_\_\_

Does swimmer have history of any injuries that could affect swimming? \_\_\_\_\_

**Swimmer # 3 Info**

Swimmer # 2 Name: \_\_\_\_\_

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Does swimmer have any allergies to medications? (penicillin, etc) \_\_\_\_\_

Does swimmer have history of any injuries that could affect swimming? \_\_\_\_\_



SWIMMER'S GOALS

**Short Term Goals:** *(i.e., Learn all four strokes, get in shape, improve, go to meets ...)*

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**Long Term Goals:** *(i.e., High school competition, college scholarship, Olympics ...)*

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