Blount Area Swim Team
Swimmer Registration

Date: _____ Check one: 2 Week Trial _____
Member _____

Swimmer 1: _____
First Last MI

Date of Birth: _____ Age: _____
Email: _____

Swimmer 2: _____
First Last MI

Date of Birth: _____ Age: _____
Email: _____

Swimmer 3: _____
First Last MI

Date of Birth: _____ Age: _____
Email: _____

Address:: _____
_____

Parents or Guardians: _____
Father: _____ Phone: _____
Email: _____ Cell Phone: _____

Mother: _____ Phone: _____
Email: _____ Cell Phone: _____

Emergency contact name & phone:
1._____
2._____

Doctor:_____ Phone:_____

Are there any medical conditions the coaching staff needs to be aware of? Yes__ No__
If yes, please explain below,
_____
_____
_____
_____

_____ Initial here if you would <u>not</u> like your information included on the team roster.