

## Swim Team Registration Form Suburban Swim Association - 20\_\_ Season

Returning Gator

Please complete a registration form for each swimmer. Print clearly and complete all information.

### Swimmer's Information

_____	_____	_____
Last name	First name	Middle initial
_____	_____	_____
Sex [Male] [Female]	date of birth – month / day / year	age – as of 6/15/20__
_____	_____	_____
Street address	city	state zip
_____	_____	_____
Home phone	email address	

### Parent's/Guardian's Information -

_____	_____
Parent/Guardian Name	Parent/Guardian Name
_____	_____
Daytime Phone Number	Daytime Phone Number
_____	_____
Evening Phone Number	Evening Phone Number
_____	_____
Cellular Phone Number	Cellular Phone Number
_____	_____
Email Address	Email Address
_____	_____
Parent/Guardian Signature	Parent/Guardian Signature

### Emergency Contact Information (other than parent/guardian)

_____	_____
Name	Phone
_____	_____
Doctor Name / Practice	Phone
_____	_____
Medical Information (prescriptions, allergies, etc. or "none")	