



REGISTRATION FORM

***REGISTER DIRECTLY WITH SWIM COACHES IN THE AQUATICS AREA/OFFICE.**

Were you registered with a USA Swimming Team in the past season? Y/N

Parent/Guardian Name _____ Work # _____ Cell # _____

Email _____ Occupation (optional) _____

Parent/Guardian Name _____ Work # _____ Cell # _____

Email _____ Occupation (optional) _____

Address _____ City _____ Zip _____

Home Phone # _____ Summer League Team (if applicable) _____

Please enter each swimmer(s) information above (please print):

Last Name	LEGAL First Name (Please put nickname in parentheses)	Middle Initial	M/F	Age	Date of Birth	School/Grade	T-Shirt Size (YS, YM, YL, AS-AXXL)	Group

I certify that my child(ren) is/are physically fit to participate in all activities of the organization. Parents and swimmers agree to be governed by the FAST Swim Team Code of Conduct.

Parents Signature _____

Date _____

Emergency Contact Information

Persons to notify if parent/guardian is unavailable in priority order:

Name _____ Relation _____

Cell _____ Home _____ Work _____

Name _____ Relation _____

Cell _____ Home _____ Work _____