

Dragon Swim Team Registration Form

2015-2016

1st Swimmer Last Name:	First Name:	Middle:
Nick Name	Date of Birth: ____/____/____	Age: School Grade:
Critical Health Information: _____	T-Shirt Size (circle one)	Home Address:
Health Insurance: _____	Youth S - M - L Adult XS - S - M - L - XL - XXL	
Gender: (check) Girl ____ Boy ____	Athlete email: _____	Training Group(check) ____2days ____3days ____4days ____5days Time: Location:
	Athlete cell: (____)____-____	
2nd Swimmer Last Name:	First name:	Middle:
Nick name	Date of Birth: ____/____/____	Age: School Grade:
Critical Health Information: _____	T-Shirt Size (circle one)	Home Address:
_____	Youth S - M - L Adult XS - S - M - L - XL - XX	
Gender: (check) Girl ____ Boy ____	Athlete email: _____	Training Group(check) ____2days ____3days ____4days ____5days Time:
	Athlete cell: (____)____-____	
3rd Swimmer Last Name:	First name:	Middle:
Nick name	Date of Birth: ____/____/____	Age: School Grade:
Critical Health Information: _____	T-Shirt Size (circle one)	Home Address:
_____	Youth S - M - L Adult XS - S - M - L - XL - XX	
Gender: (check) Girl ____ Boy ____	Athlete email: _____	Training Group(check) ____2days ____3days ____4days ____5days Time:
	Athlete cell: (____)____-____	
Primary Contact Information		
Fathers Last Name:	Mothers Last Name:	
Fathers First Name:	Mothers First Name:	
Mailing address:		
Mailing address:		
City	State	
Zip Code	Country	
Parent Email: Father _____ Mother _____		DRAGON SWIM TEAM
Home Phone: (____)____-____	Fax: (____)____-____	FOR TEAM USE ONLY
Work Phone: Father (____)____-____ Mother (____)____-____	Cell Phone: Father (____)____-____ Mother (____)____-____	GM Initials _____ COACH Initials _____