

Competitive Swimming Team Registration

Athlete Information

First Name

Last Name

Date of Birth

Gender

Address

City

State/Province

ZIP/Postal Code

Athlete's Email

Athlete's Phone

Parent/Guardian Information

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

Swimming Experience

Years of Experience

Previous Team (if any)

Preferred Events

Medical & Emergency

Medical Conditions/Allergies

Emergency Contact Name

Emergency Contact Phone