

# Summer Swim League Registration

## Swimmer Information

First Name

Last Name

Date of Birth

Gender

Address

City

State

ZIP Code

School Name

## Parent/Guardian Information

Parent/Guardian Name

Additional Parent/Guardian Name

Phone Number

Email Address

## Emergency Contact

Name

Phone Number

Relationship

## Medical Information

List any allergies, conditions, or medications

Doctor's Name

Doctor's Phone

**Swim Experience**

Years of Experience

Preferred Events