

BARRACUDA REGISTRATION FORM

Last Name: _____

E-Mail address: _____@_____._____

Address: _____

Home Phone Number: _____ Parents cell 1: _____

Father's Name: _____ Work Phone #: _____

Mother's Name: _____ Work Phone #: _____

Other Phone #s (cell, pager, etc.): _____

Emergency Contact Person: _____ Phone #: _____

<u>Swimmer's Name</u>	<u>Age</u> (as of <u>5/31/10</u>)	<u>M/F</u>	<u>Birthdate:</u>	<u>T-Shirt Size</u> <u>YM, YL, AS, AM, AL, AXL</u>	<u>Health Concerns</u> <u>explain below</u>
1. _____	_____	_____	____/____/____	_____	_____
2. _____	_____	_____	____/____/____	_____	_____
3. _____	_____	_____	____/____/____	_____	_____
4. _____	_____	_____	____/____/____	_____	_____
5. _____	_____	_____	____/____/____	_____	_____

Describe Health concerns notes (allergies/asthma):

(Please note that our coaches/lifeguards are generally only trained in basic 1st aid)

FOR OFFICIAL USE ONLY

_____ 6 Work Assignments
 _____ Park Dist Waivers (2)
 _____ Photo consent

_____ Check #
 \$ _____ Total Paid