

**ShockWaves Swim Team
Registration Form 2014-2015**

(please print clearly)

Swimmer #1 Name: _____ Date of Birth: _____
Gender: Male or Female (circle one)

Swimmer #2 Name: _____ Date of Birth: _____
Gender: Male or Female (circle one)

Swimmer #3 Name: _____ Date of Birth: _____
Gender: Male or Female (circle one)

Swimmer #4 Name: _____ Date of Birth: _____
Gender: Male or Female (circle one)

Parent (Legal Guardian) Information
(please print clearly)

Primary Contact: _____ Primary Email: _____
Phone: (H) _____ (W) _____ (C) _____
Address: _____

Secondary Contact: _____ Email: _____
Phone: (H) _____ (W) _____ (C) _____
Address: _____

Emergency Contact: _____ Phone: (H) _____ (C) _____

Any medical conditions that ShockWaves should be aware of: _____

Initial each of the following documents when you have reviewed and agree to the terms of each document.

_____ Coach's Letter _____ Code of Conduct _____ Media Waiver

Signature of Parent/Legal Guardian: _____ **Date:** _____

Office use only

Payment record:
Team Registration: Amount _____ Check # _____ Visa _____ MC _____ Disc _____ AmEx _____ Date: _____

September: _____
October: _____
November: _____
December: _____

January: _____
February: _____
March: _____
April: _____
May: _____