2009-2010 TEAM REGISTRATION
(please fill out ALL information below)

1)Swimmer's **Full Name**:_____ **T-Shirt Size-** ys ym AS AM AL
FIRST **MIDDLE** **LAST**

2)Swimmer's **Full Name**:_____ **T-Shirt Size-** ys ym AS AM AL
FIRST **MIDDLE** **LAST**

3)Swimmer's **Full Name**:_____ **T-Shirt Size-** ys ym AS AM AL
FIRST **MIDDLE** **LAST**

1) Preferred Name_____ **Age:**_____ **Birth Date:**_____ **Female Male**
mm/dd/yy

2) Preferred Name_____ **Age:**_____ **Birth Date:**_____ **Female Male**
mm/dd/yy

3) Preferred Name_____ **Age:**_____ **Birth Date:**_____ **Female Male**
mm/dd/yy

Must have your email address for all communications:

EMAIL #1 **EMAIL #2**

Swimmers email: (senior/junior groups)

Father's Name:_____ Home Phone:_____

Occupation:_____ Work Phone:_____

Home Address:_____ Cell Phone:_____

City:_____ State:_____ Zip:_____

Mother's Name:_____ Home Phone:_____
(If different from above)

Occupation:_____ Work Phone:_____

Home Address:_____ Cell Phone:_____
(If different from above)

City:_____ State:_____ Zip:_____

Please check what program you plan to attend:

☐ **Pilot Team Program**
- ☐ Red Group-10 & under
- ☐ Gold Group-9-12 yrs
- ☐ Black Group-10-13 yrs
- ☐ Junior Group-13+
- ☐ Senior/National Group-13+

☐ **High School Program**

Check #_____

Cash:_____

Date: _____
(office use only)

TWO WEEK TRIAL PERIOD - There is a $75 deposit for the trial period, which covers your team registration and USS registration if you join.
----Both are fully refundable if you and your child decide not to participate after the two-week trial period.

Please bring this team registration form, medical form, USA Swimming form and check for $75.00 on the first day of your trial period.

***All returning swimmers must also pay this fee to activate USA registration and receive new team t-shirt/cap.