2011-2012 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
- ☐ Senior Prep-11-14 yrs
- ☐ Junior Group- 14+
- ☐ Senior/National Group

☐ **High School Program**

TWO WEEK TRIAL PERIOD Swimmers - 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.

Returning Swimmers- There is a $65.00 registration fee.

Check #_____

Cash: _____

Date: _____
(office use only)