***Ridglea Rockets Swim Team Registration Form***

Family Name TOTALS: AMOUNT: PAID:

Parents/guardians # of swimmers \_\_\_\_\_\_\_\_

Home address # of suits \_\_\_\_\_\_\_\_

Home phone # of extra shirts \_\_\_\_\_\_\_\_

Other phone Paid: Credit/Cash/Check # \_\_\_\_\_\_\_

Emergency contact name/phone number/relation

Email - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor/Phone number

Hospital of choice

**SWIMMER 1**

Name age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Biological Gender **M / F**

T-shirt size (specify ADULT or YOUTH) FREE FOR EACH SWIMMER

**SWIMMER 2**

Name age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Biological Gender **M / F**

T-shirt size (specify ADULT or YOUTH) FREE FOR EACH SWIMMER

**SWIMMER 3**

Name age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Biological Gender **M / F**

T-shirt size (specify ADULT or YOUTH) FREE FOR EACH SWIMMER

**SWIMMER 4**

Name age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Biological Gender **M / F**

T-shirt size (specify ADULT or YOUTH) FREE FOR EACH SWIMMER

**SWIMMER 5**

Name age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_\_\_ Biological Gender **M / F**

T-shirt size (specify ADULT or YOUTH) FREE FOR EACH SWIMMER

**\*ADDITIONAL SHIRT ORDERS\*:** SPECIFY ADULT OR YOUTH $15/EACH (+$2 XL, +$3 XXL, +$4XXXL)

1. 2. 3. 4.

**PLEASE CIRCLE *TWO* EVENTS**

Where you’d like to volunteer to make this a ROCKIN’ swim season!

SWIM-A-THON

POOLSIDE BREAKFAST

PICNIC DINNER

RPA INTERSQUAD SWIM MEET

MOVIE NIGHT

In case of emergency medical treatment, I hereby give permission to the physician selected by

Kathy Steinbrenner to secure treatment for my child(ren), as named above on previous page.

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Parent Signature Date

Make all checks out to: **Ridglea Swimming Pool Association**

\*Refer to schedule and flyer for fees, dates and further instructions\*