

ST. ALBERT THE GREAT SWIM TEAM 2009-10 REGISTRATION FORM

Last Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Parents' Names: _____

Swimmer _____

Date of Birth: _____ Age as of 10/31/2009: _____

School: _____ Homeroom: _____

Swimmer _____

Date of Birth: _____ Age as of 10/31/2009: _____

School: _____ Homeroom: _____

Swimmer _____

Date of Birth: _____ Age as of 10/31/2009: _____

School: _____ Homeroom: _____

Parent's Working Preference (please include name and number of meets):

Timer _____ Runner _____

Stroke and Turn _____ Place Judge _____

Table _____ 50/50 _____

Locker Room _____ Ready Bench _____

Emergency Contact: _____

Relation to Swimmer: _____

Phone Number (Please leave a home and a cell phone number):

Accounting information (do not fill in)

Amount Paid: _____ Date: _____ Method: _____

Forms must be returned prior to first practice