

Aquazot Registration Form (please print clearly)

Family Name: _____ **Are you a new member? Yes or No**

Parent(s) Name Mom _____ **Name Dad** _____

Home Phone (Mom) _____ **Cell Phone** _____ **Alt.Number** _____

Home Phone (Dad) _____ **Cell Phone** _____ **Alt.Number** _____

E-Mail (Mom) _____ **E-mail (Dad)** _____

Street Address: _____

City: _____ **Zip** _____

Swimmer(s)

Name _____ **Date of Birth** _____ **Group** _____

E-mail _____ **Cell** _____ **Male or Female**

Name _____ **Date of Birth** _____ **Group** _____

E-mail _____ **Cell** _____ **Male or Female**

Name _____ **Date of Birth** _____ **Group** _____

E-mail _____ **Cell** _____ **Male or Female**

Name _____ **Date of Birth** _____ **Group** _____

E-mail _____ **Cell** _____ **Male or Female**

Emergency Contact Information:

Name: _____ **Phone** _____ **Alt. Phone** _____

USA Swimming Yearly Registration- \$55.00 Make checks payable to Southern California Swimming Birth Certificate/Passport verified Yes/No By _____ **(must be signed by coach or office manager)**

By completing this form each family agrees to pay all bills on time and in full each month.

Name: _____ **Signature** _____ **Date** _____