

# Antietam Swimming

## Summer 2009 New Member Registration

### ACCOUNT

Account Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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### PARENT INFORMATION:

#### PARENT 1

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Home  Cell  Work

Phone 2: \_\_\_\_\_  Home  Cell  Work

Phone 3: \_\_\_\_\_  Home  Cell  Work

Email: \_\_\_\_\_

#### PARENT 2 (OPTIONAL)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone 1: \_\_\_\_\_  Home  Cell  Work

Phone 2: \_\_\_\_\_  Home  Cell  Work

Phone 3: \_\_\_\_\_  Home  Cell  Work

Email: \_\_\_\_\_

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ATHLETE INFORMATION

ACCT LAST NAME: \_\_\_\_\_

ATHLETE 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age (as of 8/1/08): \_\_\_\_\_

Email: \_\_\_\_\_      Shirt Size: YS   YM   YL   AS   AM   AL   XL

Health problems, conditions, allergies, medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATHLETE 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age (as of 8/1/08): \_\_\_\_\_

Email: \_\_\_\_\_      Shirt Size: YS   YM   YL   AS   AM   AL   XL

Health problems, conditions, allergies, medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ATHLETE 3:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Gender:  Male  Female      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age (as of 8/1/08): \_\_\_\_\_

Email: \_\_\_\_\_      Shirt Size: YS   YM   YL   AS   AM   AL   XL

Health problems, conditions, allergies, medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRINT ADDITIONAL ATHELE PAGES AS NECESSARY  
CONTINUE TO NEXT PAGE

