

# REGISTRATION FORM

Swimming Levels will be assigned by coaches.

## SWIMMER INFORMATION

Swimmer 1: \_\_\_\_\_  
(Last) (First) MI  
Sex: M( ) F ( ) Age: \_\_\_\_ Birth date: \_\_/\_\_/\_\_\_\_

Swimmer 2: \_\_\_\_\_  
(Last) (First) MI  
Sex: M( ) F ( ) Age: \_\_\_\_ Birth date: \_\_/\_\_/\_\_\_\_

Swimmer 3: \_\_\_\_\_  
(Last) (First) MI  
Sex: M( ) F ( ) Age: \_\_\_\_ Birth date: \_\_/\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_ Zip: \_\_\_\_\_ Township/Boro: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email ID's: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any special Medical Concerns: \_\_\_\_\_

I hereby assume all responsibility for accidental injuries in connection with the Program. I realize I must use my personal insurance coverage or be otherwise responsible for any expenses resulting from such injury. I will not hold EPAC liable for any injury which may occur while this swimmer participates in the swim league.

\_\_\_\_\_  
**PARENT OR GUARDIAN SIGNATURE** **DATE**

-----Registration Use Only-----

Full season  Late Start  Resident  Non-Resident  High School  HS Meets Only

Swimmer 1: \_\_\_\_\_ Level: \_\_\_\_ Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Swimmer 2: \_\_\_\_\_ Level: \_\_\_\_

Swimmer 3: \_\_\_\_\_ Level: \_\_\_\_ Balance Due \_\_\_\_\_

USA Swimmer:  yes  no Monthly Payment \_\_\_\_\_

Fundraiser Buyout-Paid in Full  yes  no

Total For Season \_\_\_\_\_ Registrar \_\_\_\_\_ Parent's Initials \_\_\_\_\_