



# 2018/2019 Maria Regina Sea Angels Swim Team Registration Form

**Please complete this form and return at Registration.**

Please check here if this form is for a Returning Swimmer

If registering a New Swimmer, how did you hear about the program? \_\_\_\_\_

**Swimmer Information: Please complete a form for *each* swimmer. Complete all applicable lines.**

Swimmer Last Name			
Swimmer First Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth		Swimsuit Size	
Street Address			
City, State, Zip Code			
Home Phone #			
Swimmer Cell Phone #			
Swimmer Email Address			
Mother's Name			
Mother's Cell Phone #			
Mother's Email Address			
Father's Name			
Father's Cell Phone #			
Father's Email Address			
Parish			
School			
Emergency Contact	(Name and telephone number during swim practice)		

**Volunteer Information: Are you willing to help the team with any of the following at practices and/or meets?**

Coach (Give swim instructions at practice.)	Yes _____	No _____
Lane Timer (Help time swimmers at practices and/or meets.)	Yes _____	No _____
Ribbons (Assist in creating, labeling, organizing or writing ribbons.)	Yes _____	No _____
Lane Helper (Help with on-deck needs during practices and meets.)	Yes _____	No _____
Locker Room Mom/Dad (Take a turn sitting in locker room during a practice or meet to insure safety for our swimmers.)	Yes _____	No _____

I give my child permission to participate in the Maria Regina CYO Swimming program. I will make sure he/she is brought to practices and meets on time and is picked up on time.

\_\_\_\_\_ Parent/Guardian Signature