RASC REGISTRATION

How did you hear about us:

_____ Friend _____School _____ Newspaper _____ Flyer _____ Other(please explain)

SWIMMER #1 RETURNING SWIMMER -NO CHANGE IN INFORMATION_____

Last name:_____First name:_____M.I._____

Birthdate (m/d/y):_____Age:_____ Male_____ Female_____

Medical Information:

Doctor's Name:_____ Phone Number:_____

Medical Conditions:_____

Medications:_____Allergies:_____

SWIMMER #2 RETURNING SWIMMER -NO CHANGE IN INFORMATION_____

Last name:_____First name:_____M.I._____

Birthdate (m/d/y):_____Age:_____ Male_____ Female_____

Medical Information:

Doctor's Name:_____ Phone Number:_____

Medical Conditions:_____

Medications:_____Allergies:_____

SWIMMER #3 RETURNING SWIMMER -NO CHANGE IN INFORMATION_____

Last name:_____First name:_____M.I._____

Birthdate (m/d/y):_____Age:_____ Male_____ Female_____

Medical Information:

Doctor's Name:_____ Phone Number:_____

Medical Conditions:_____

Medications:_____Allergies:_____

Additional swimmers on a separate sheet of paper if registering by mail

PRIMARY CONTACT:

Parent/Guardian name(s):_____

Father (Last) (First)

Mother _____

(Last) (First)

Adress:_____City/Zip_____

Home Phone:_____ Cell Phone:_____/_____

Email:_____ (Father) (Mother)

Emergency Contact if Parents Cannot Be Reached:

Name:_____ Phone:_____

Parent/Guardian Signature_____ Date_____

Please circle your preference:

I GIVE / DO NOT GIVE my permission for my child's picture (no name) to appear on the RASC Web Site.