

RASC Summer 2012 Registration

Swimmer #1: If swimmer is returning and info hasn't changed, fill in name and check this box:

first name _____ middle initial _____ last name _____
birthdate _____ age _____ male/female (circle one)
doctor's name _____ doctor's phone _____
medications _____ allergies _____
medical conditions _____

Swimmer #2: If swimmer is returning and info hasn't changed, fill in name and check this box:

first name _____ middle initial _____ last name _____
birthdate _____ age _____ male/female (circle one)
doctor's name _____ doctor's phone _____
medications _____ allergies _____
medical conditions _____

Swimmer #3: If swimmer is returning and info hasn't changed, fill in name and check this box:

first name _____ middle initial _____ last name _____
birthdate _____ age _____ male/female (circle one)
doctor's name _____ doctor's phone _____
medications _____ allergies _____
medical conditions _____

Tell us how you heard about us:

friend website newspaper flyer other _____

Primary Contact Information:

father's last name _____ first _____
mother's last name _____ first _____
mailing address _____ city & zip _____
home phone _____ email _____
cell phone - father _____ cell phone - mother _____

Emergency Contact if parents cannot be reached:

name _____ phone _____

For all swim parents, check appropriate box, sign, and date:

I give I do not give

my permission for my child's/children's picture (no names) to appear on the RASC website.

parent/guardian signature _____ date _____

*** All swimmers must be registered before entering the water. ***