



Aquaracers Application Form (For New Members)



Membership ID _____ (for office use only)

MEMBERS' PARENTS INFORMATION

GUARDIAN/PARENTS NAME: _____

ADDRESS: _____

Street

City

State

Zip

E-mail Address _____

PHONE: Cell Phone: (_____) _____

Home: (_____) _____

How did you find us? Flyers/Poster(), Internet (), Local Ads (), Family (), Referral (_____ name)

SWIMMER #1

NAME _____

Last

First

Middle

GENDER: Male (___) Female (___) NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____

(please check one)

SWIMMING POOL LOCATION: _____ DAY/TIME: _____/_____

Swimmer #1 Level Assignment: _____ (for office use only)



SWIMMER #2

NAME _____
Last First Middle

GENDER: Male (___) Female (___) NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____
(please check one)

SWIMMING POOL LOCATION; _____ DAY/TIME: _____/_____

Swimmer #2 Level Assignment: _____ (for office use only)

SWIMMER #3

NAME _____
Last First Middle

GENDER: Male (___) Female (___) NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____
(please check one)

SWIMMING POOL LOCATION; _____ DAY/TIME: _____/_____

Swimmer #3 Level Assignment: _____ (for office use only)

SWIMMER #4

NAME _____
Last First Middle

GENDER: Male (___) Female (___) NICKNAME: _____

BIRTHDAY ___/___/___ AGE: _____ Returning _____ New _____
(please check one)

SWIMMING POOL LOCATION; _____ DAY/TIME: _____/_____

Swimmer #4 Level Assignment: _____ (for office use only)