



Aquaracer Re-Enrollment Form

Membership ID _____ (for office use only)

SWIMMER #1

NAME _____
Last First Middle

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

BIRTHDAY ___/___/___ Age: _____ The Last Session Swim Level: _____

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

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

SWIMMER #2

NAME _____
Last First Middle

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

BIRTHDAY ___/___/___ Age: _____ The Last Session Swim Level: _____

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

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

SWIMMER #3

NAME _____
Last First Middle

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

BIRTHDAY ___/___/___ Age: _____ The Last Session Swim Level: _____

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

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