

RAVENA SWIM CLUB AMERICAN RED CROSS LEARN TO SWIM REGISTRATION FORM

AGE

NAME	BIRTHDATE
LAST FIRST	/ /
	MON. DAY YR

MAILING ADDRESS	/
# AND STREET	BOX #

	(518)	-	
CITY	STATE	ZIP	PHONE NUMBER

EMAIL ADDRESS:

GIVE FULL NAME OF PERSON YOU LIVE WITH.....

MOTHER	FATHER
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CHILD'S LAST KNOWN PLACE OF SWIMMING LESSONS & LEVEL TESTED OUT AT:

ARE THERE ANY SPECIAL MEDICAL OR LEARNING CONCERNS WE NEED TO BE AWARE OF:

GUARDIAN IF APPLICABLE:	-
	PHONE NUMBER

BUSINESS OR PLACE OF WORK

MOTHER	PHONE #	-
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FATHER	PHONE#	-
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IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME	PHONE NUMBER
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PARENT SIGNATURE: _____