

# REGISTRATION FORM 2011-2012



## Swimmer's Information

Full Name (as it appears on the birth certificate):

\_\_\_\_\_ (First)

\_\_\_\_\_ (Middle)

\_\_\_\_\_ (Last)

Address: \_\_\_\_\_

(Street or PO Box)

(City)

(State)

(Zip)

Date of Birth \_\_\_/\_\_\_/\_\_\_

mm/dd/yyyy

Have you had a USA Swimming number previously? Yes \_\_\_ No \_\_\_

## Parent/Gardian Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (if parent/guardian can NOT be reached)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note any comments or concerns you wish to share with the coach:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Checks Payable to:

**Ravena Swim Club**

801 SR 143

Ravena NY 12143

**\*\*A Copy of the Swimmer's Birth Certificate MUST be Included with Registration\*\***

**Head Coach**  
Dave Burns  
**Assistant Coaches**  
Ellen Taber  
Ashley Burns

**Contact Information**  
Ravena Swim Club  
Inc.  
801 SR 143  
Ravena NY 12143  
(518) 694-3764  
ravenaswimclub.com