



NEW Swimmers turn this form into the HEAD AGE GROUP COACH
 RETURNING Fall Swimmer turn this form into the BILLING COORDINATOR

Registration Form

2008-2009

SWIMMER INFORMATION:

ASSIGNED GROUP: _____

ANNUAL MEMBERSHIP:

SESSION MEMBERSHIP:
Mini, White, Red only

SESSION: I (Sep - March)
 II (April - July)
(CIRCLE)

LAST NAME: _____

FIRST NAME: _____

MI: _____

PREFERRED NAME: _____

BIRTHDATE: _____

AGE: _____

MALE / FEMALE: _____

SWIMMER'S EMAIL: _____
 (leave blank if athlete does not have email)

SWIMMER'S CELL #: _____
 (leave blank if athlete does not have cell phone)

PREVIOUS SWIM TEAM EXPERIENCE: _____ WHERE: _____ HOW LONG: _____
(If on a USA swim team or YMCA team, please attach your times to this form)

PARENT INFORMATION

FATHER/GUARDIAN

MOTHER/GUARDIAN

NAME
 STREET ADDRESS
 CITY, STATE, ZIP
 HOME PHONE
 WORK PHONE
 MOBILE PHONE
 HOME EMAIL
 WORK EMAIL
 EMPLOYMENT

DR Policy Acknowledgement

My signature indicates that I have been provided, read, understand and will abide by Dayton Raider's policies and procedures including: fee & payment process; family volunteer commitment; family fundraising requirement and code of conduct.

Signed _____
 Parent/Guardian Signature **OR** Participant Signature (if over the age of 18)

Date _____