



swimmer's last name

MT. VERNON SWIM TEAM REGISTRATION FORM Winter 2010-2011

FAMILY NAME: _____
 LAST FATHER MOTHER
 PHONE: _____
 (10-DIGIT#) HOME PHONE FATHER'S CELL MOTHER'S CELL
 ADDRESS: _____
 STREET CITY STATE ZIP

Best Family Email address _____
 **Important for team news and monthly newsletter and notification of schedule changes.
PLEASE MAKE SURE THIS EMAIL ADDRESS THAT IS CHECKED ON A REGULAR BASIS.

FATHER'S LAST NAME (IF DIFFERENT FROM ABOVE) FATHER'S EMPLOYER PHONE
 FATHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____
 STREET CITY STATE ZIP

MOTHER'S LAST NAME (IF DIFFERENT FROM ABOVE) MOTHER'S EMPLOYER PHONE
 MOTHER'S ADDRESS (IF DIFFERENT FROM ABOVE) _____
 STREET CITY STATE ZIP

WHO IS RESPONSIBLE FOR PAYMENT OF DUES RELATIONSHIP OF RESPONSIBLE PARTY TO SWIMMER
 ADDRESS (IF DIFFERENT FROM ABOVE) _____
 STREET CITY STATE ZIP

SWIMMER #1

NAME _____
 LAST MIDDLE INITIAL FIRST NICKNAME E-MAIL
 / / BIRTHDAY AGE M F CIRCLE SEX CELL PHONE Returning to MTV _____ New to MTV _____
 SWIMMER'S SCHOOL GRADE IF A RETURNING SWIMMER WHAT PRACTICE GROUP WERE YOU PREVIOUSLY IN

SWIMMER #2

NAME _____
 LAST MIDDLE INITIAL FIRST NICKNAME E-MAIL
 / / BIRTHDAY AGE M F CIRCLE SEX CELL PHONE Returning to MTV _____ New to MTV _____
 SWIMMER'S SCHOOL GRADE IF A RETURNING SWIMMER WHAT PRACTICE GROUP WERE YOU PREVIOUSLY IN

SWIMMER #3

NAME _____
 LAST MIDDLE INITIAL FIRST NICKNAME E-MAIL
 / / BIRTHDAY AGE M F CIRCLE SEX CELL PHONE Returning to MTV _____ New to MTV _____
 SWIMMER'S SCHOOL GRADE IF A RETURNING SWIMMER WHAT PRACTICE GROUP WERE YOU PREVIOUSLY IN

RELEASE OF INFORMATION

I, _____ give my permission for the following information provided to be published in the Mt. Vernon Age Group Swim Team Phone Directory and used for MTV business purposes.

SIGNATURE

DATE