

Judson / Metrocom Area Aquatic Club

Head Coach: **Bob Renfrew**

USS Fee: \$80 - 2019

Admin Fee: _____

Dues: _____

For Office Use Only

Registration / Emergency Information

Date: _____ Renewal Date: _____ Initials: _____

Swimmer's Information: Check group: _____ Novice: 1 2 3 Junior Senior National

Name: _____ DoB: _____ Age: _____
FIRST MIDDLE LAST MM DD YY

USA-S ID #: _____ Fees paid: USA-S Annual

Known Allergies: _____

Pertinent Medical History: _____

Medication(s) taken on continual basis: _____

Preferred Hospital facility: _____

Does swimmer carry an inhaler? YES NO If YES, what type and for what reason, please?

T-Shirt Size: _____ School: _____ Grade _____ District: _____

Parent / Guardian Information:

Name: _____ Spouse: _____

Street Address: _____ City: _____ Zip: _____

E-mail Address: _____ Cell Phone #: _____

Home Phone #: _____ Work phone #: _____

Secondary Emergency Contacts:

Name: _____ Relation to Swimmer: _____ Phone #: _____

Name: _____ Relation to Swimmer: _____ Phone #: _____

Name: _____ Relation to Swimmer: _____ Phone #: _____

PLEASE NOTE: Swimmers who are new to USA Swimming and registering for the first time, must provide a copy of their birth certificate.