



Webster Bluefins Registration Form 2008-09

Swimmer Name: Last _____ First _____ MI _____

Membership Status: ___New ___Returning ___Transferring from Club _____

Transfer's Date of Last Meet: _____

Date of Birth: ___/___/___ Age: ___ Sex: ___male ___female

Address: _____

City & Zip: _____

Phone: _____-_____-_____

Mother's Name: _____ Father's Name: _____

Cell: _____-_____-_____ Cell: _____-_____-_____

Email: _____ Email: _____

Complete the next section ONLY if information is different from swimmer's:

Mother's Address: _____ Father's Address: _____

City & Zip: _____ City & Zip: _____

Phone: _____-_____-_____ Phone: _____-_____-_____

Swimmer's School: _____ Grade: _____

