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Registration

Anchor Bay Middle School Swim & Dive 2024

Athlete Info

Name: _____ Age _____ DOB (M/D/Y) _____

Male/Female: _____ Grade: _____ School: NORTH / SOUTH

Did you swim last year with the ABMS swim team or a swim club (circle one)? SWIM DIVE NEITHER

If not, what is your swim experience? _____

If so, please list your fastest times (you remember) for your events, or highest scores for divers:

Medical Concerns & any medications we should know about:

Parent/Guardian Contact Info (Please indicate the primary emergency contact with a star *)

Name: _____ Relationship to athlete: _____

Phone #: _____ Email: _____

Name: _____ Relationship to athlete: _____

Phone #: _____ Email: _____

Name: _____ Relationship to athlete: _____

Phone #: _____ Email: _____

I _____ consent to my child _____ participating in the 2021 Anchor Bay Middle school swim & dive program. *(Reminder to update Physical date April 15th or earlier)*

Date: _____ Signature: _____