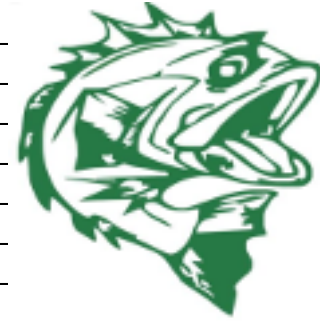


2013-14 BASS Swim Team REGISTRATION FORM



SWIMMER NAME, LAST:

PARENTS NAME, LAST:

ADDRESS:

CITY, ST, ZIP:

HOME PHONE:

CELL PHONE:

EMAIL

DOB:

ALLERGIES:

MEDICATIONS:

T-Shirt Size:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT PHONE:

I hereby authorize medical personnel to attend to my child in case of an emergency.

I understand that the BASS Swim Team cannot be held responsible for accidents and/or illness should it occur during a function with the BASS Swim Team.

I have read and agreed to BASS Terms and Conditions and Code of Conduct

ATHELTE/PARENT/GUARDIAN SIGNATURE

Date