



**Office Use Only:** Medical Form\_\_\_\_ Registration Fee\_\_\_\_ Draft Form/First Payment\_\_\_\_ Billing\_\_\_\_  
USAS Registration Form (if new)\_\_\_\_ USAS Transfer Form (if changing clubs)\_\_\_\_

## PADUCAH SWIM TEAM – GENERAL REGISTRATION FORM

Practice Group\_\_\_\_\_ Payment Choice: Annual \_\_\_\_ or Monthly \_\_\_\_  
(check one)

Swimmer's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_  
(Legal First Name, Middle Initial, Last Name)

Swimmer's Nickname \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Subdivision \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Employer (Father) \_\_\_\_\_ Employer (Mother) \_\_\_\_\_

Work Phone (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Cell Phone (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_ Mother's E-Mail Address \_\_\_\_\_

Other E-Mail Addresses \_\_\_\_\_

Swim Suit Size \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Other Organized Sports or Activities \_\_\_\_\_

Swimmer's Medical Conditions That The Coaching Staff Should Be Aware Of:

Emergency Contact (Other Than Parents): \_\_\_\_\_

How Did You Find Out About Paducah Swim Team?