

## Worthington Waves Registration Form

Swimmer Name(s)      Gender      Date of Birth      Age as of 5/29/10

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Parent  
Signature: \_\_\_\_\_

Are you a full family member?    Yes    No

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Please check any meets that you know your child/children **can't** attend

Dates TBD

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WTV Registration \_\_\_\_\_ AAU Registration \_\_\_\_\_ Paid \_\_\_\_\_