

Central Bucks Aquatics

Central Bucks Swim Team – SAL (CBST-SAL) New Swim Team Member Registration Form (CBST-SAL/Developmental)

Please print clearly

Child's Legal Name (per birth certificate – must include middle initial):

Last Name _____

First Name _____

Middle Initial (write "none" if no middle initial) _____

Preferred name (nick name) if any: _____

Date of Birth _____

Gender _____

Parents' Names _____

Email Address _____

Home Address _____

Phone _____

Are you a CB School District Resident? _____

Name of School Currently Attending _____

Name of Public High School your child is districted to attend:

What SAL team did you participate with LAST season if any?

Bring this form with TWO checks and completed physical form to evaluations.

Registrations must be complete for your child to be registered.