

Central Bucks Aquatics Swim Coach Individual Training Sessions Pre-Registration Form

PLEASE PRINT:

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: _____

Child's Date of Birth: _____ Gender: _____

Parents' Names: _____

E-Mail: _____

Home Address: _____

Primary phone number: _____

Child's School & School District: _____

Child's School Grade: _____

Swimmer's swim team/swim clinic experience (team/clinic name, when, how long):

Skills on which swimmer wants to work in training session(s):

*****Please email this completed form to Heather Yim (heayim@cbsd.org) to request individual training session availability.*****