

Central Bucks Aquatics New Member Pre-Team Swim Clinic 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: _____

If child has previously participated with any FALL/WINTER dive and/or swim team please note which team here. If not, please write "NONE":

*****Email this completed form to Jennifer Steinberg at <mailto:jsteinberg@cbsd.org> to receive evaluation sign-up information. After evaluations swimmers invited to join the pre-team will receive online registration instructions.*****