

## **CB Aquatics Spring Swim Clinic Pre-registration Form**

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 \_\_\_\_\_

Full Home Address \_\_\_\_\_

\_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Child's School and School District:

\_\_\_\_\_

Child's Current Grade in School: \_\_\_\_\_

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

\_\_\_\_\_

Indicate which day option applies to your swimmer for the 7:30-8:30 p.m. clinic at CB South high school:

- ☐ My swimmer has no preference and can attend either the Monday/Wednesday or the Tuesday/Thursday option
- ☐ My swimmer prefers the Monday/Wednesday option but can attend Tuesday/Thursday instead if Monday/Wednesday is not available
- ☐ My swimmer prefers the Tuesday/Thursday option but can attend Monday/Wednesday instead if Tuesday/Thursday is not available
- ☐ My swimmer can only attend Monday/Wednesday
- ☐ My swimmer can only attend Tuesday/Thursday

**\*\*\*This information will be used to assess availability to include your swimmer for the requested program/session and to set up our online portal for your registration. We will contact you to let you know if there is space in the clinic and, if so, to provide evaluation details. After evaluations swimmers invited to join the program will receive online registration/payment instructions.\*\*\***

v. 12/2022