



Midway Aquatics Registration Form

Please Print All Information

Last Name _____ Middle Initial _____

First Name _____ Sex (M/F) _____

Parents Name If Different (1) _____

(2) _____ (3) _____

Birth Date (MM/DD/YR) ___/___/___

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Home Phone # (____) _____

Cell Phone # (____) _____

Work Phone # (____) _____

E-Mail Address (1) _____ (2) _____

(3) _____ (4) _____

Emergency Contact Name _____

Emergency Contact # _____

Suit Size _____ (22-48) (M,F)

Shirt Size _____ (Youth S,M,L; Adult S,M,L,XL,XXL)

Practice Group _____ (Red, Black, Maroon, Monsters)

Have You Been A Member Of USA Swimming Before (Y/N) _____

If So Where, and When Was The Last Time Your Swimmer Competed.
