



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HANNIBAL HURRICANES SWIM TEAM 2016 SUMMER REGISTRATION FORM



MUST REGISTER BY MAY 24TH. PAYMENT DUE AT TIME OF REGISTRATION
SEASON: JUNE 6TH-AUG 5TH
(See brochure for prices and times)

Please fill out information below.

Participant Name: _____ Current Swim Group: _____
 (First, Middle, Last)
 Address: _____ City/State: _____ Zip: _____
 Age: _____ Birth Date ____/____/____ Gender: M F
 Parents Name: _____ Contact Phone: _____
 Email Address: _____
 EMAIL IS VERY IMPORTANT PART OF KEEPING UP TO DATE WITH PROGRAM

Swimming Experience/Current Swim Group:

Health Concerns/Medications/Allergies/Emotional or Behavioral Issues (indicate which swimmer):

Is there any other important information you feel would be useful towards the success of your child?

Amount Paid: _____ Date: _____
(Please place in mailbox on Kara's office door with payment)