

FAMILY REGISTRATION SHEET  
SPRING / SUMMER 2010

(Returning families do NOT need another registration form)

Parents' Name: \_\_\_\_\_  
{Please list BOTH parents}

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Dad's work #: \_\_\_\_\_ Mother's work #: \_\_\_\_\_

Dad's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

Emergency Contacts: (May NOT be a parent)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

1st Email address: \_\_\_\_\_

2nd Email address: \_\_\_\_\_ **Please be legible.**

Swimmer's Name	Middle Initial	Date of Birth	Group
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

**ALL CHECKS MADE PAYABLE TO FAST.**

MAIL TO: 9518 Haddaway Place Laurel MD 20723