

Castor Tritons Summer Swim Club

2022 Registration Form

Please Print:

Competitive Swimmer: Yes No

Family Last Name: _____

Parent/Guardian Names: _____

Returning Members: Check here if there are no changes to the following:

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Doctor/Clinic: _____ Telephone: _____

Medical Concerns: _____

Alberta Health Care#: _____

New members - How did you find out about the Castor Triton's Summer Swim Club?

- Newspaper A swimmer or parent Other: _____
 Posters School Newsletter

Swimmers:

1. Name: _____ Age as of April 30th: _____

New Swimmer Date of Birth: _____

2. Name: _____ Age as of April 30th: _____

New Swimmer Date of Birth: _____

3. Name: _____ Age as of April 30th: _____

New Swimmer Date of Birth: _____

4. Name: _____ Age as of April 30th: _____

New Swimmer Date of Birth: _____

5. Name: _____ Age as of April 30th: _____

New Swimmer Date of Birth: _____

PLEASE NOTE: NO REFUNDS WILL BE PROVIDED IN THE 2022 SEASON