



Team Rockland Swimming

Registration Form

Name: (Parent/Guardian) _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Phone Where You Would Like to Receive Updates: _____

E-Mail: _____ (necessary for important team info. updates)

TRS – Senior, AG 1&2, Development

Swimmer #1 Name: _____ Age: _____ DOB ____/____/____ M/F Level: _____

Swimmer #2 Name: _____ Age: _____ DOB ____/____/____ M/F Level: _____

Swimmer #3 Name: _____ Age: _____ DOB ____/____/____ M/F Level: _____

TRS Masters

Swimmer #1 Name: _____ Age: _____ DOB ____/____/____ M/F

Swimmer #1 Name: _____ Age: _____ DOB ____/____/____ M/F

Medical Limitations: (Please describe: Use back of form if needed.)

Registrant/Guardian Signature

Date