New Family? _____

Returning Family with new child to register_____

Returning Family with same child(ren) to register _____

__MRA Swim Team Registration__

Parents Name(s)_____

Mom's Cell # _____

Dad's Cell #_____

Email _____

Emergency Contact_____

Emergency Contact Cell#_____

__Swimmer Information__

Name_____Gender_____ Date of Birth_____

Name_____Gender_____ Date of Birth_____

Name_____Gender_____ Date of Birth_____

Name_____Gender_____ Date of Birth_____