

MOSES LAKE MANTA RAYS ANNUAL REGISTRATION FORM

Family Last Name: _____

Address:

 Number and Street (or P.O. Box) City Zip

 Home or Family Phone Cell Phone Home or Family Email

Parents/Guardians In Home

_____ Father's Name	_____ Mother's Name
_____ Employer	_____ Employer
_____ Work Phone or Day Phone (if different than above)	_____ Work Phone or Day Phone (if different than above)
_____ Work Email Address	_____ Work Email Address

IN CASE OF EMERGENCY OR MEDICAL TREATMENT

 Name of contact person (if parents cannot be reached) Relationship Phone

 Primary Family Insurance Carrier Policy #

Swimmer 1

 Last First MI Nickname Sex (M/F)

 USAS # (mmddyFFFMLLLL) Birth date Email Address (if different than above)

Swim Level

AG III BRONZE	AG II SILVER	AG I GOLD	JUNIOR	SENIOR
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Swimmer 2

 Last First MI Nickname Sex (M/F)

 USAS # (mmddyFFFMLLLL) Birth date Email Address (if different than above)

Swim Level

AG III BRONZE	AG II SILVER	AG I GOLD	JUNIOR	SENIOR
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Swimmer 3

 Last First MI Nickname Sex (M/F)

 USAS # (mmddyFFFMLLLL) Birth date Email Address (if different than above)

Swim Level

AG III BRONZE	AG II SILVER	AG I GOLD	JUNIOR	SENIOR
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In the event of an illness or injury, I hereby authorize a MOSES LAKE MANTA RAY coach on my behalf to obtain emergency transportation and treatment for my child/children listed above. I understand the club does not assume any financial responsibility for emergency medical care or ambulance transportation. MY SIGNATURE BELOW ACKNOWLEDGES ALL OF THE ABOVE AND I AGREE WITH THE INFORMATION AND TERMS OF THIS FORM AND THOSE OF THE ANNUAL CONTRACT.

Signature _____ **Date** _____