

# Moses Lake Manta Rays Masters Swimming Registration

Please Print Clearly:

| First Name                                      | MI    | Last Name | Birth date | Age |
|---|-------|-----------|------------|-----|
| Street Address:                                 |       |           |            |     |
| City & Zip                                      |       |           |            |     |
| Phone contact:                                  | Home: | Cell:     |            |     |
| Email contact:                                  | Home: | Other:    |            |     |
| Emergency contact:                              |       |           |            |     |
| Please list any medical conditions or problems? |       |           |            |     |
| Additional Comments?                            |       |           |            |     |

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_