

# Moses Lake Manta Rays Swimmer Information

Please Print Clearly:

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Previous Club Affiliation (if any) \_\_\_\_\_

Date of last competition \_\_\_\_\_

