

De La Salle Parish Swim Team – Registration Form

Please Print All Information Clearly.

Child's Name:	Age:	Date of Birth:
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-		
-		
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Mother's Name:
Full Address:
Home Phone:
Cell Phone:
Wk. Phone:
E-Mail:
Dad's Name:
Full Address:
Home Phone:
Cell Phone:
Wk. Phone:
E-Mail:

*Please give us the e-mail address (at work or at home) that you will check most frequently go to for news about the team.

*Primary E-Mail Address:

Is your family registered in the De La Salle Parish? YES _____ NO _____

If not, please list what registered parish: _____

School your child/children attends: _____

Liability/Medical Release _____ Roster _____ Email _____ Code of Conduct _____ Fees _____