

VALLEY SWIM TEAM

PHOENIX

REGISTRATION FORM

Select: VSTP Junior PHOENIX Swim Clinic

Date _____

_____/_____/_____
(Swimmer's last name) / (First Name) / (MI) / (DOB)

_____/_____/_____
(Swimmer's last name) / (First Name) / (MI) / (DOB)

_____/_____/_____
(Swimmer's last name) / (First Name) / (MI) / (DOB)

Information required by USA Swimming:

Country of Citizenship _____

Ethnicity: African American, Asian/Pacific Islander, Caucasian, Hispanic, Native American, Other, Decline
(please circle one)

Parent's Names: _____

Address _____

Home Phone: _____

Father _____/_____/_____
(Work Phone) / (Cell) / (Email)

Occupation: _____ Employer _____

Mother _____/_____/_____
(Work Phone) / (Cell) / (Email)

Occupation: _____ Employer _____

Phone Preferred for Calling Post Messages _____

OFFICE USE ONLY:

VSTP Level: _____

Registration Fee _____ + Monthly Amount _____ (Prorated: Yes/No)

Total Received _____ Payment: Cash Check (# _____)

Initials: _____ Date: _____