

**Central Chesapeake Swimming  
REGISTRATION FORM**

Swimmer's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Group Enrolling In \_\_\_\_\_

T Shirt size \_\_\_\_\_

Summer Club (if competed this summer) \_\_\_\_\_