

**REGISTRATION FORM
SAN ANTONIO NADADORES - AAAA-4**

ALL NEW AND RETURNING SWIMMERS MUST COMPLETE THIS FORM. ONE FORM PER FAMILY.

Swimmer's FULL Name _____
Last First M.I.

Additional swimmer(s) _____
Last First M.I.

Date of Birth _____ Age _____ Gender _____

Additional information _____

Does this swimmer have any medical restrictions? Yes No

If **yes**, please specify _____

School Attending _____

In what Public School District do you reside: e.g., SAISD, etc. _____

Summer League Team, if any _____

Parents Name(s) _____

Address _____ City Zip +4 _____

Email address _____

Occupation _____

Phones Home _____ Work _____

In case of emergency, if unable to contact parents call:

Name _____ Phone _____

I hereby relinquish any claims I might have in case of injury or loss during practice or activity, against the San Antonio Nadadores, San Antonio Independent School District, or City of San Antonio nor Alamo Area Aquatic Association.

Signature: _____

Parent, if swimmer is under 18

Return to: Dr. Don Walker, Head Coach San Antonio Nadadores