



## Swimming Registration Form

<b>First Name:</b>
<b>Last Name:</b>
<b>Address:</b>
<b>Date of Birth:</b>
<b>Age :</b>
<b>Swimming Experience:</b>
<b>E-mail Address:</b>
<b>In Case of Emergency Contact:</b>
<b>Parents Names:</b>
<b>Phone Number(s):</b>
<b>Any Medical Information we should be aware of</b>

To preregister please mail registration form to:  
The Lawrenceville Aquatics Club  
389 Silvia st  
Ewing NJ 08628