



Water Polo Registration Form

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

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