

Greater Baltimore Swim Association

ATHLETE REGISTRATION FORM

PLEASE COMPLETE ENTIRE FORM

Date: _____

Athlete Information (complete this section in full, name as on birth certificate)

Last:	First:	Middle:
Preferred First Name:	Date of Birth (mm/dd/yy): / /	Gender: M <input type="checkbox"/> F <input type="checkbox"/>

Primary Mailing Information

Street:	
City:	State: MD
Zip Code:	Citizen of: USA <input type="checkbox"/> Other <input type="checkbox"/>
Parent or Guardian Name(s):	

Primary Contact Information

Home Phone:
Cell Phone/Name:
Cell Phone/Name:
Email/Name:
Email/Name:

Medical Information

Doctor's Name:
Doctor's Phone:
Emergency Contact (other than parents):
Emergency Contact Phone:
Medical Condition:
Medication:
Do we have your permission to obtain medical treatment for your child in the event of an emergency if you or your emergency contact cannot be reached? Yes <input type="checkbox"/> No <input type="checkbox"/>

Other

GBSA Athlete Status: New ¹ <input type="checkbox"/> Transfer from other USA Swimming Club ² <input type="checkbox"/> Returning ³ <input type="checkbox"/>
Preferred Practice Days: M <input type="checkbox"/> T <input type="checkbox"/> W <input checked="" type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>
Preferred Payment: Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Training Group: Mini <input type="checkbox"/> White <input type="checkbox"/> High School <input type="checkbox"/> Blue Junior <input type="checkbox"/> Blue Senior <input type="checkbox"/> Senior Gold <input type="checkbox"/>

1 Submit Birth Certificate, USA Swimming and GBSA registration forms

2 Submit USA Swimming, MD Swimming Athlete Transfer and GBSA registration forms

3 Submit USA Swimming and GBSA registration forms