

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: / / | |

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"/> | | |
| T-shirt Size: YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> | | |
| Preferred Payment: Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> | Training Group: Mini <input type="checkbox"/> White 2 <input type="checkbox"/> White 1 <input type="checkbox"/> Blue Junior <input type="checkbox"/> Blue Senior <input type="checkbox"/> High School <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