



Beaconsfield Synchro

Registration Form 2010 ~ 2011

PERSONAL INFORMATION

Athlete's Name:

Birthday (Year/Month/Day):

Father's Name:

Mother's Name (Maiden):

Parent's email:

Swimmer's email:

Phone number: Home: Cell:

Address:

Emergency Contact Info: Name: Phone number:

Relationship:

Medicare card number: Expiry Date:

MEDICAL HISTORY

Please indicate any allergies, medication or other pertinent information.

