



# *Beaconsfield Synchro Registration Form*

*2011 - 2012*

## *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.

