



**EVERGREEN HURRICANES SWIM TEAM  
2010-2011 FAMILY REGISTRATION FORM**

**Date:** \_\_\_\_\_

**Swimmer(s) Name:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Family Information:**

Mother's Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: (if different than above) \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email:

\_\_\_\_\_