

Center Grove Aquatic Club 2008 - 2009 Short Course Registration Form

Swimmer's name: _____

Swimmer Gender: _____

Birth date: _____

Family email addresses: _____

(These addresses will be used for club correspondence)

Billing address:

Home telephone: _____

Father's name: _____

Work telephone: _____ Cell # _____

Mother's name: _____

Work telephone: _____ Cell # _____

Are you new to the club? Would you like to be contacted regarding the club's
Mentoring Program for new families?

Yes

No

Practice Group:

Seniors Pre 2 Pre 1 Olympians

Red White Sharks & Minnows Pre Comp