

# Central Bucks Aquatics Swim Coach Individual Training Sessions Pre-Registration Form

## **PLEASE PRINT:**

Ej kf æ'Ngi çnP co g '\*r gt'dk y 'egt w'ecv"ó must include middle initial):

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

O kf f r'kpkcn\*y tkv"õpqqgö"kpq"o kf f r'kpkcn"aaaaaaaaaaaaaaaaaaaaaaaaa"

Preferred name (nick name) if any: \_\_\_\_\_

Ej kf æ'F cvg"qh Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parentuø'P co gu: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Primary phone number: \_\_\_\_\_

Ej kf æ'Uej qqn