

**Registration Form**  
**Kosatka Swimming Academy**

Student Name: First \_\_\_\_\_ Last \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

If student is a minor (17 years or younger) please complete the following

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

CIRCLE ALL THAT APPLY:

Any Physical Handicaps? Yes/NO If Yes, Explain: \_\_\_\_\_

High Blood Pressure? Yes/NO If Yes, Explain: \_\_\_\_\_

Heart Disease? Yes/NO If Yes, Explain: \_\_\_\_\_

Lung Disease? Yes/NO If Yes, Explain: \_\_\_\_\_

Asthma? Yes/NO If Yes, Explain: \_\_\_\_\_

Other? Yes/NO If Yes, Explain: \_\_\_\_\_

If Yes to any above, your family physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

In case of emergency call \_\_\_\_\_

Relationship to student \_\_\_\_\_

Phone \_\_\_\_\_