

# COASTAL MAINE AQUATICS

P.O. Box 6201 \* Cape Elizabeth, ME 04107

[www.coastalmaineaquatics.com](http://www.coastalmaineaquatics.com)

[teamcma@maine.rr.com](mailto:teamcma@maine.rr.com)

## REGISTRATION FORM – PRE-COMPETITIVE SESSIONS

**Session I: Sept. 14 – Oct. 2**

**Session II: Oct. 5 – Oct. 23**

**Session III: Oct. 26 – Nov. 11**

**Practices are all at the South Portland Pool on Mondays, Wednesdays, and Fridays from 5-6pm**

### FAMILY/PARENT INFORMATION:

NAME OF PARENT: \_\_\_\_\_

NAME OF ATHLETE with middle initial: \_\_\_\_\_

BIRTHDATE OF ATHLETE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL # \_\_\_\_\_ \*\*\* E-mail \_\_\_\_\_

Cell phone# \_\_\_\_\_ Cell phone #2 \_\_\_\_\_

**Dues for each Pre-Competitive Session are \$70.00 and are due at the beginning of each session. For insurance purposes, each swimmer is required to pay a yearly USA Swimming Registration Fee of \$56.00. Please make all checks payable to “CMA” and mail to the PO Box above.**

<b>Name ***include middle initial</b>	<b>Birthdate</b>	<b>Dues for Session</b>
Session 1		
Session II		
Session III		
USA Registration		\$ 56.00
<b>TOTAL DUES FOR SESSION</b>		\$

### Emergency Medical Information:

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physician's Name and Phone Number: \_\_\_\_\_

*I understand I am responsible for the entire payment regardless of the number of practices my child attends.*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

