



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

**REGISTRATION FORM**  
**HIGH SCHOOL SPECIAL - WINTER 2010**

SWIMMERS NAME: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_  
Street City Zip Code  
Cell # \_\_\_\_\_ E-mail \_\_\_\_\_  
Home # \_\_\_\_\_

PARENT NAME #1: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code  
Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

PARENT NAME #2: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip Code  
Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

**Cost for the Winter Session February 8 - April 2, 2010:**

**Half Price for new High School Athletes \$ 73.00**

**USA Swimming Registration \$ 56.00**

(effective until December 31, 2010 and required for all athletes participating with Coastal Maine Aquatics)

**Total Cost: \$129.00**

Emergency Medical information:

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

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

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

In the event of accident or illness in which I cannot be reached, I grant permission for the above swimmer to be transported to the following hospital if the coaching staff deems it necessary \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date