

FAMILY REGISTRATION SHEET SPRING / SUMMER 2025

(Returning families do NOT need another registration form)

Parents' Name: _____
{Please list BOTH parents}

Address: _____ City: _____ Zip: _____

Home Phone #: _____

Dad's work #: _____ Mother's work #: _____

Dad's cell #: _____ Mother's cell #: _____

Emergency Contacts: (May NOT be a parent)

Name: _____ Phone #: _____

Name: _____ Phone #: _____

1st Email address: _____

2nd Email address: _____ **Please be legible.**

| Swimmer's Name | Middle Initial | Date of Birth | Group |
|----------------|----------------|---------------|-------|
| 1) _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ |

ALL CHECKS MADE PAYABLE TO FAST.

MAIL TO: 14625 Baltimore Avenue # 291, Laurel, MD 20707