

Caldwell Swim Club Swimmer Registration

IMPORTANT

Please complete all blanks and put in the folder titled
Completed Forms
At Albertson's College Pool or mail to PO Box 125
Caldwell, Idaho 83606

Swimmer Information:

Last Name _____ First Name _____ Initial _____

Preferred Name _____ Birth Date _____ Age ____ Gender ____

Swimmer's Email _____

School _____ Grade _____

Primary Parent/Guardian Information:

Last Name _____ First Name _____ Initial _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Parent/Guardian 1 Work Phone _____ Cell Phone _____

Email address _____

Parent/Guardian 2 Work Phone _____ Cell Phone _____

Email address _____