

Cardinal Splash Swim School Registration Form 2011

Participant Name: Last _____ First _____

Child's Age (if under 18): _____ Date of Birth: _____

Male / Female (*circle one*)

School: _____

Parent Name: Last _____ First _____

Address: _____

City, State: _____ ZIP Code: _____

Phone: Home _____ Cell _____ Work _____

E-mail Address: _____

Cardinal Card ID # (U of L student or employees only): _____

Dr. Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Classes

First Choice: Day _____ Time _____ Level _____

Second Choice: Day _____ Time _____ Level _____

Method of Payment:

Cash: Amount \$ _____

Check (Payable to U of L Athletics): Name on Check _____

Check Number _____ Amount \$ _____