

Lake Placid Aquatics, Inc.

2011 Registration Form

ATHLETE INFORMATION:

Name: _____
 First *Middle* *Last*

Date of Birth: _____ Age: _____

Parent(s) / Guardian(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email address: _____

Do you have Internet access to be able to visit the team website? Yes No

All the forms and team information is posted on the website. Regular emails from LPA will be sent to facilitate communication.

T-Shirt Size: Youth: 4/5 6/8 10/12 14/16

Adult: Small Medium Large X-Large

EMERGENCY CONTACT INFORMATION:

Person(s) to contact other than those listed above in case of emergency:

Name / Relationship: _____ Telephone Number: _____

Please list any medical conditions and/or allergies the participant may have that LPA should be aware of:

As a parent / guardian, please indicate any area that you would like to volunteer for:

Concessions Scoring Timing Supervision Specialty Committees Any Area Needed

All forms must be submitted to LPA (Registration, Emergency, USA Form, copy of birth certificate) at least 24 hours prior to a swimmer beginning practice.

Membership Fees Enclosed: (One check payable to LPA for all fees)

LPA Membership fee: (Pre-Season fee \$80.00, Regular Season: \$150 1st Swimmer / \$130 2nd / \$110 3rd / \$100 4th)

USA Membership: (USA Fee: \$34.50)

Please mail to: LPA
 P.O. Box 934
 Lake Placid, FL 33862

