

**BASA SWIMMING ACADEMY
REGISTRATION FORM**

SWIMMER INFORMATION

NAME _____ D.O.B. _____ GROUP _____

NAME _____ D.O.B. _____ GROUP _____

NAME _____ D.O.B. _____ GROUP _____

ADDRESS _____

PHONE _____

Circle the days you would like to attend classes on:

Mon, Tue, Wed, Sat

PARENT / GUARDIAN INFORMATION

NAME _____

ADDRESS _____

PHONE _____

EMERGENCY PHONE _____

EMAIL _____