

Central Bucks Aquatics

Central Bucks Swim Team SAL (CBST-SAL) New Swim Team Member Pre-Registration Form (CBST-SAL)

Child's Legal Name (per birth certificate - must include middle initial):

Last Name _____

First Name _____

Middle Initial (write "none" if no middle initial) _____

Preferred name (nick name) if any: _____

Date of Birth _____

Gender _____

Parents' Names _____

Email Address _____

Home Address _____

Primary Phone Number _____

Child's School and School District:

If child has previously participated with any FALL/WINTER dive and/or swim team please note which team here. If not, please write "NONE":

***Email this completed form to Jennifer Steinberg at <mailto:jsteinberg@cbsd.org> to receive evaluation sign-up information. After evaluations swimmers invited to join the team