

HIGH PERFORMANCE SWIM CLINIC
REGISTRATION

Swimmer's Name: _____ Age: _____

Swimmer's Name: _____ Age: _____

Swimmer's Name: _____ Age: _____

Parent's Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please list an Emergency Contact (Name and Phone Number) if a parent will not be readily available during clinic hours.

Emergency Contact: _____

How did you hear about the High Performance Swim Clinic?

Payment is due with registration. Checks should be made payable to Mark Van Deren and mailed to High Performance Swim Training, 10 Burnham Place, Newport News, VA 23606.