



TBAY Program Registration and Parent Consent Form

SWIMMER INFORMATION:

First Name: _____ MI: _____ Last: _____

Date of Birth: _____ Gender: _____

Has the swimmer ever been a member of Florida Swimming? Y / N

Has the swimmer been registered with USA Swimming in another state? Y / N

If yes, please list the club name and approximate date of last competition

PARENT/CONTACT INFORMATION:

Parent Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Primary e-mail: _____

Home Telephone: _____

Please list below any additional contacts (name) and numbers we can reach during regular practice hours (i.e. cell phones, work numbers, etc.):

I hereby give permission for my child to be registered as a member of Tampa Bay Aquatics (TBAY). I have received and read the team policies and fee schedule and agree to be held to them. I understand that failure to comply with these policies and/or nonpayment of fees can and will result in my swimmer being unable to practice and/or compete with the team.

Parent Signature: _____

Date: _____

