



RACERS

2010 CASC REV-UP REGISTRATION FORM

SWIMMER NAME: _____

PARENTS NAME: _____

ADDRESS: _____

CITY, ST, ZIP: _____

PHONE: _____

CELL PHONE: _____

DOB: _____

ALLERGIES: _____

MEDICATIONS: _____

REGISTERING FOR:

_____ REV-UP 1 @ 7:00-8:00PM

_____ *REV- UP 1 @ 3:30-4:30PM

_____ REV-UP 2 @ 7:00-8:00PM

_____ *REV-UP 2 @ 3:30-4:30PM

_____ REV-UP 3 @ 7:00-8:00PM

_____ *REV-UP 3 @ 3:30-4:30PM

* This session will be available if there is enough demand

CASL SWIMMING LEVEL: _____ GOLD _____ SILVER _____ BRONZE*

*Need Coach approval if Bronze swimmer

INTEREST IN YEAR AROUND SWIMMING (1-10): _____

Checks payable to CASC Racers

Mail completed form and payment to the following address

CASC Racers, 6509 Allwood Drive, NLR, AR 72118

or

Email the completed form to onattungac@cascracers.com and pay at the door

I hereby authorize medical personnel to attend to my child in case of an emergency.

I understand that the CASC Racers cannot be held responsible for accidents and/or illness should it occur during a function with the CASC Racers.

Athlete, Parent/Guardian Signature _____ Date _____