

# 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