Coppermine Swim Team Registration Form 2018

	Name	Birth Date	Age as o 6/30/201		Allergies	/Medica	l Concerns
Parei	nt Names:						
Cont	act Information:						
Addı	ress:						
Hom	e Phone#:		Cell#: _				
Othe	r Phone#:		-				
Emai	il(s):						
Eme	rgency Contact Information:						
Nam	e:		Telephone#:				
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