

MASTERS PROGRAM
Capital of Texas Aquatics
Registration Form

Personal Information

Name: _____

Birth Date: _____ Age: _____

Are you a member of the Great Hills Country Club (Yes or No) ?

Are you a parent of a COTA age group swimmer (Yes or No) ?

Name (s) of children: _____

Special medical conditions: _____

Contact Information:

Street address: _____

City: _____ Zip: _____

Home

Phone: _____ Email: _____

Preferred way to contact you _____

Emergency contact (1): _____

Relationship: _____ Contact Number: _____

Emergency contact (2): _____

Relationship: _____ Contact Number: _____

I _____, give permission to the coaching staff at Capital of Texas Aquatics, Inc. to call for emergency services believed necessary for my care during Capital of Texas Aquatics practices, gatherings or competitions.

Signature: _____ Date: _____