

# NASSAU SWIM & DIVE REGISTRATION



Membership Last

Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone

Number: \_\_\_\_\_

Email

Address: \_\_\_\_\_

Bond Number \_\_\_\_\_

Child Name	\$70	\$20 additional	Total

Emergency contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

phone number \_\_\_\_\_