

2008-09 Summer Splash Registration Form

Valley Aquatics-please mail to:
27435 Maple Ridge way SE
Maple Valley, WA 98038

Pool Location: Puyallup KCAC

Swimmers Name#1: _____ birthdate: _____
Shirt size: _____ Gender: _____

Swimmers Name#2 _____ birthdate: _____
Shirt size: _____ Gender: _____

Swimmers Name#3 _____ birthdate: _____
Shirt Size: _____ Gender: _____

Parents Name: _____

Phone #: _____ email address: _____

Home address: _____

Payment: \$120

Payment received _____ Check #: _____

Medical Form(s) Received: _____

I understand the terms of the summer splash program and have submitted accurate information on the attached medical form(s)

Parents signature

