

Tampa Bay SynchRays/LLMF (Lisbeth Light Moore Foundation)  
Registration / Emergency Information Sheet



Date \_\_\_\_\_ Level of Swimmer: Novice Ninja Intermediate JO  
Swimmer's Name \_\_\_\_\_  
DOB \_\_\_/\_\_\_/\_\_\_ US Citizen: Y/N Fee Payment: Annually \_\_\_\_\_ Monthly \_\_\_\_\_  
T-shirt size \_\_\_\_\_  
Home Address \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Parent Name \_\_\_\_\_  
Cell \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Cell \_\_\_\_\_  
Doctor's Name/Phone \_\_\_\_\_  
Hospital of Choice \_\_\_\_\_  
In the event of an emergency, do we have permission to treat this athlete? Yes No  
Medical conditions/injuries  
\_\_\_\_\_  
\_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Information coaches should know \_\_\_\_\_

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Does TBS have permission to publish this athlete's photo on the team website, social media, or newspaper? Posed: YES NO Action: YES NO

Optional Survey for USA Artistic Swimming Membership:

Does your swimmer have any of the following disabilities (Please circle one): Visually impaired, Hearing impaired, Physical disability, Cognitive disability, none

Is your swimmer (Please circle one): African American, Asian or Pacific Islander, Caucasian, Hispanic, Multi-Ethnic, Native American, Other