



2017 Water Aerobics Registration

Please Circle One: Oak Ridge North Residents/ Non-Resident

Parent's Name: _____

Swimmer's Name: _____ Age: ____

Phone Number: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

*****For office use:

Date: _____ Amount Paid: _____ Cash Check Credit

Staff Initials: _____ Pool Pass Number: _____