



PLYMOUTH COUNTRY CLUB

ATHLETE REGISTRATION APPLICATION

REG. DATE / OFFICE USE ONLY

PLEASE PRINT LEGIBLY, COMPLETE ALL INFORMATION AND SUBMIT TO PCC

LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MO/DAY/YEAR)

SEX (M/F)

AGE

RETURNING SWIMMER

YES NO

If YES, # of years with PCC

Suit Size

MAILING ADDRESS

CITY

STATE

ZIP CODE

HOME

AREA CODE

NUMBER

Email (Please clearly)

CELL 1

AREA CODE

NUMBER

Email (Please clearly)

CELL 1

AREA CODE

NUMBER

SIGN HERE x _____

SIGNATURE OF ATHLETE, PARENT OR GUARDIAN