

**Nu Wave Swim Club  
Developmental Stroke School  
Registration for 2009-2010**

**Once completed, please return this form , with check for \$350 to:**  
Swim New Orleans, c/o Lucy Riess  
1139 Arabella Street  
New Orleans, LA 70115

**Session (circle one):**

- 1 Session 1 Dates: Nov 17,19 Dec 1,3,10,15,17 Jan 5,7,12,14,19,21
- 2 Session 2 Dates: Jan 26, 28 Feb 2,4,9,11,23,25 Mar 2,4,9,11,16,18
- 3 Session 3 Dates: Mar 23,25,30 Apr 1,13,15,20,22,27,29 May 4,6,13,18

<b>Last Name:</b>
<b>Preferred Name:</b>
<b>Athlete School:</b>

<b>First Name:</b>	<b>M.I.:</b>
<b>Birthdate:</b>	<b>Age:</b>
<b>Grade in School:</b>	<b>Gender:</b>

**Primary Contact**

<b>Last Name:</b>
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<b>First Name (Mom):</b>
<b>First Name (Dad):</b>

**Mailing Address:**

<b>1:</b>
<b>2:</b>
<b>City:</b>
<b>Home Phone:</b>

<b>State:</b>	<b>Zip:</b>
<b>FAX:</b>	

<b>Mom Workplace:</b>
<b>Mom Cell:</b>
<b>Dad Workplace:</b>
<b>Dad Cell:</b>

<b>Mom Office Phone:</b>
<b>Mom E-mail:</b>
<b>Dad Office Phone:</b>
<b>Dad E-mail:</b>

<b>Emergency Contact Name:</b>
<b>Emergency Contact Phone:</b>

<b>Medical Conditions:</b>
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