



Participant Information

*First Name: _____ *Last Name: _____

*Preferred Name: _____ Medical Alert: _____

*Gender: _____ *Birthday: _____ *Age: _____

*Grade: _____ *School Name: _____

*Address: _____

Address 2: _____

*City: _____ *State: _____ *Zip Code: _____

*Home Phone: _____ Cell Phone: _____

*Email: _____ School Name: _____

*Club Team: _____ *Coach's Name: _____

Camp Information

* Which Dates will your child be attending camp (circle one)?

May 28 – June 2 June 4 – 9 June 11 – 16 June 18 - 23

*Will your child be a Commuter (staying off campus) Camper? _____

*Will your child be a Resident (staying in dorms) Camper? _____

*Adult T-Shirt Size: _____ *How many years have you attended our camp? _____

*How did you hear about our camp?: _____

Roommate Request (campers must request one another):



Parent Guardian Information

*Parent/Guardian First Name 1: _____

*Parent/Guardian Last Name 1: _____

*Parent/Guardian Cell Phone 1: _____

*Parent/Guardian Relationship 1: _____

Parent/Guardian First Name 2: _____

Parent/Guardian Last Name 2: _____

Parent/Guardian Cell Phone 2: _____

Parent/Guardian Relationship 2: _____

Emergency Contact Information

*Emergency Contact First Name: _____

*Emergency Contact Last Name: _____

*Emergency Phone Contact: _____

Additional Required Forms

If you are registering by mail, please send the following information with this form to:

Rising Tide Swim Camp

Box 870387

Tuscaloosa, AL 35487

- Check made payable to Rising Tide Swim Camp
- Copy of Insurance Card front and back
- Signed copy of the code of conduct and medical release form