



MVM

Mountain View Masters
Swim & Social Club

New Registration **Change of Information**

For payment options, hours, and other details about our program visit www.mvm.org

Date: _____

Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

(you will not receive announcements unless you sign up for them at www.mvm.org)

USMS (Pacific Masters Swimming) Number: _____

Medical information we should know about: _____

Emergency Contact Information:

Name: _____ Phone: _____

Optional Personal Information:

Date of birth: _____

How did you hear about MVM? _____

Swimming experience: _____

Usual practice time & lane: _____

Personal swimming goals: _____

Comments: _____

The information provided on this form will not be distributed beyond the
MVM Board of Directors and Coaching Staff without your permission.

www.mvm.org