

**AQUATIC SWIM CLUB
SWIM TEAM REGISTRATION - 2019**

Child's Name _____ DOB _____

Size Information (Please Circle) Shirt: YS YM YL AS AM AL AXL AXXL **Pants:** YS YM YL AS AM AL AXL AXXL

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Child's Name _____ DOB _____

Size Information (Please Circle) Shirt: YS YM YL AS AM AL AXL AXXL **Pants:** YS YM YL AS AM AL AXL AXXL

Address: _____ Phone # _____

PARNT CONTACT INFORMATION

Parent's Name(s) _____ Day/Evening Phone # _____

Contact (if other than Parent) Name _____ Day/Evening Phone # _____

Address: _____ Relationship _____

E-Mail Address _____ @ _____ (Note: Please sign up for Swim Team email through our website)

*I would like to receive notifications via text. Yes _____ No _____ (Please check one) Cell # _____

MEDICAL HISTORY

Swimmers with heart conditions, diabetes, seizures, bee sting allergies, asthma or other medical conditions that creates possible danger to themselves or others must be reported below (Note: This information will be treated confidentially).

Condition _____

Parent's Signature _____ Date _____

ABSENCE INFORMATION

Please list dates your child(ren) will not be at Meets or Practices:

REGISTRATION FEES – ALL FEES DUE BY JUNE 15, 2019

One Swimmer \$75.00 – Two Swimmers \$100.00 – Three Swimmers \$125.00

Registration Fees/Fundraising provide income for the League Fees, Coach's Salary, Equipment/Supplies, Banquet, Team Gift, Trophies/Awards, Coach's Gift, etc.

Pmt Rec'd Date _____ Amt \$ _____ Cash \$ _____ or Check # _____ Rec'd by _____

Parent's Signature _____ Date _____

MAKE CHECKS PAYABLE TO: AQUATIC SWIM CLUB