



SWIM TEAM APPLICATION

Last Name: _____

Street Address _____ City _____ ZIP _____

Phone _____ - _____ E-mail _____

Emergency Contact: _____ Phone _____ - _____

SWIMMER'S INFORMATION

Name : _____ D.O.B. _____ T-shirt Size:* YS YM YL AS AM AL AXL
circle one (Y=youth sizes, A=adult sizes)

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circle one (Y=youth sizes, A=adult sizes)

I give permission for my child/ren to participate as a member of the Wythe Wahoos Swim Team, under the direction of the swim team coaches. I understand that my child/ren will be responsible for adhering to all pool rules and regulations during swim hours. I hereby grant permission for the swimmer(s) listed above to participate in all required swim team practices and meets for the 2018 season. I relieve GWRA of all liability in case of injury during all practices, meets, and team sponsored activities.

Parent/Guardian Name

Parent/Guardian Signature

Date

SWIM TEAM FEES

New Swimmers: One Swimmer, \$60 • Two Swimmers, \$120 • 3+ Swimmers, additional \$20 per swimmer

Returning Swimmers: One Swimmer, \$50 • Two Swimmers, \$100 • 3+ Swimmers, additional \$10 per swimmer

** T-shirt included in registration fee if both pool and swim team dues are paid in full by June 4, 2018.*

PAYMENT INFORMATION

Amount: _____ Check ____ (Make check payable to GWRA) Credit Card ____ (Discover, Mastercard or Visa)

Credit Card No: _____ Exp. Date: _____ Security Code: _____