

# Whitesburg Recreation Association Swim Team Registration Form



## Swimmer(s) Information:

Last Name	First Name	MI	DOB	Age	M/F	T-shirt size

## Parent Information:

Parents: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
Zip

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## Medical Release:

Please list any medical issue or allergies that your child may have and needed treatment:

\_\_\_\_\_

I give permission for my child to be treated in an emergency in the event I cannot be reached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Use Only:

Fees: **1 Swimmer: \$100 / 2 Swimmers: \$160 / 3+ Swimmers: \$200**

Make checks payable:

**Whitesburg Recreational Association**

Swim & Dive Membership (non-pool member): **\$100.00**

# Swimmers \_\_\_\_\_ Due \_\_\_\_\_

Extra T-Shirt: (\$ \_\_\_\_\_ each) Due \_\_\_\_\_

Swim cap (\$10 each) # \_\_\_\_\_ Due \_\_\_\_\_

Baseball cap (\$20 open / \$25 filled) # \_\_\_\_\_ Due \_\_\_\_\_

Other \_\_\_\_\_ Due \_\_\_\_\_

Total Due \_\_\_\_\_

Extra T-shirts: quantities / sizes

(up to 3 included in swimmer fees):

\_\_\_\_\_

Amount paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_

05/2019