

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: _____