

Whitesburg Recreation Association Swim Team Registration Form 2020



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: _____

**Fees: 1 Swimmer: \$120 / 2 Swimmers: \$190 / 3 Swimmers: \$250 /
Each additional child: \$15**

Make checks payable:

Whitesburg Recreational Association

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

Swimmers _____ Due _____

Extra T-Shirts: (_____) Due _____

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

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

Other _____ Due _____

Total Due _____

Extra T-shirts: sizes

(one per child included in swimmer fees):

For Swim Rep Use Only

Amount paid: _____

Method of Payment

Check #: _____

Cash:

PayPal:

05/2020