

2019 Waves Swim Team



Family Name: _____
Parent Name #1: _____
Parent Name #2: _____
Parent Cell Phone #1: _____
Parent Cell Phone #2: _____
Parent Email #1: _____
Parent Email #2: _____

\$75 per swimmer, \$50 Dive Only option
Please be advised that parent involvement is required.

Swimmer Name #1: _____
D.O.B. _____ Age: _____ T-Shirt Size: _____
Experience Level: _____
Swimmer will participate in (circle one or both): Swim / Dive

Swimmer Name #2: _____
D.O.B. _____ Age: _____ T-Shirt Size: _____
Experience Level: _____
Swimmer will participate in (circle one or both): Swim / Dive

Swimmer Name #3: _____
D.O.B. _____ Age: _____ T-Shirt Size: _____
Experience Level: _____
Swimmer will participate in (circle one or both): Swim / Dive

Swimmer Name #4: _____
D.O.B. _____ Age: _____ T-Shirt Size: _____
Experience Level: _____
Swimmer will participate in (circle one or both): Swim / Dive

Payment Method: Cash _____ Check: _____ # _____ Square: _____