

Parent/Guardian Name: _____

Address _____

City _____

Zip _____

Email: _____

Cell Phone _____

Amount Paid: _____

Swimmer: _____

Age as of 6/1/18 _____ Date of Birth _____

Swimmer: _____

Age as of 6/1/18 _____ Date of Birth _____

Swimmer: _____

Age as of 6/1/18 _____ Date of Birth _____

Swimmer: _____

Age as of 6/1/18 _____ Date of Birth _____

All checks payable to: PARK SWIM CLUB.

*Pool Membership fees must be paid in full or swimmer will not participate on swim team.