

# Whitesburg Recreation Association Swim Team Registration Form 2021



## 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: