



Western Athletic Club Swim Team Registration Form

Child's Name: _____ Birthdate: _____ Age: _____ Shirt Size: _____

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Address: _____

Parent (s) Name: _____ Cell Phone: _____

Email: _____

If a parent cannot be reached, who should we contact?

Name: _____ Phone: _____

Relationship to child: _____

Vacations planned or dates you will be out of town: _____

Stroke (s) your child likes to swim: _____

2022 Season Fees

\$70.00/Child or \$110.00/Family

I agree that my child(ren)'s participations in swim team and related activities at Western Athletic Club is entirely at my discretion, that my child will abide by all rules and policies of the program at the Club, and that I do hereby hold harmless the Club, its instructors, owners, and employees for any injury which may result from my child(ren)'s participation.

Child's Name: _____

Parent/Guardian Signature: _____ Date _____

Office Use Only

Payment Received Yes ___ No ___ **Payment Type** Check ___ Cash ___ Card ___ **Staff Initials** _____