

**WEST HILLANDALE SWIM TEAM
2016 SWIMMER AND PARENT REGISTRATION**

Swimmer(s) last name: _____

First name(s) and middle initial: _____

Date(s) of birth: _____

Age on June 1, 2016: _____

Address: _____

Home phone: _____

Parent/Guardian name, work phone, e-mail*

Parent/Guardian name, work phone, e-mail

*** E-mail address is how we will communicate with you. Please be sure it is clear and legible.***

Swim team dues are \$80 per swimmer, \$50 for Pre-Team, with a cap of \$190 per family. Please make checks payable to West Hillandale Swim Club (WHSC).

Amount enclosed: _____

Parent/Guardian signature: _____

All swimmers listed above except (list) _____ have my permission to participate in all swim team activities.

Driver's license number (for insurance purposes if you are to drive another swimmer):

Please return this completed application with a check to any of the following, or to the front desk at the pool.

Tanya Garcia

240.425.2615

trbusch@gmail.com

Erin Garcia

240.351.7668

mommiesbabies3@yahoo.com

Chris Peters

301.431.1925

deejaycjay@yahoo.com