

# 2019 Wood-Dale Swim Team Registration

## SWIMMER INFORMATION

1. Name\_\_\_\_\_ Date of Birth/Age\_\_\_\_\_ M/F Shirt Size\_\_\_\_\_
2. Name\_\_\_\_\_ Date of Birth/Age\_\_\_\_\_ M/F Shirt Size\_\_\_\_\_
3. Name\_\_\_\_\_ Date of Birth/Age\_\_\_\_\_ M/F Shirt Size\_\_\_\_\_
4. Name\_\_\_\_\_ Date of Birth/Age\_\_\_\_\_ M/F Shirt Size\_\_\_\_\_

Parent/Guardian Names\_\_\_\_\_

Address\_\_\_\_\_ City, State, Zip\_\_\_\_\_

Phone Number\_\_\_\_\_ Additional Phone Number\_\_\_\_\_

E-mail Address\_\_\_\_\_ Cell Phone Provider\_\_\_\_\_

Emergency Contact and phone no.\_\_\_\_\_

### 2019 Fee Schedule – Please make checks payable to WDST

#### Club Member Discount

#### Swim Team Only

_____ \$105	First Swimmer	_____ \$130
_____ \$ 70	Second Swimmer	_____ \$ 75
_____ \$ 60	Third Swimmer	_____ \$ 60
_____ \$ 0	Fourth Swimmer	_____ \$ 0
	(Above fees include t-shirt and cap)	
_____ \$ 60	Swimmer age 15 or older(as of 6/1/19)	_____ \$ 75
_____ \$ 30	Swimmer who is an employee	_____ \$ 30
	(T-shirt and cap are extra)	

Subtotal of Fees \_\_\_\_\_

Fundraiser opt-out fee (\$50) \_\_\_\_\_

T-shirt/cap fees \_\_\_\_\_

Total Due: \_\_\_\_\_

The above named swimmer(s) have my permission to participate on the Wood-Dale Swim Team. I certify that each swimmer is physically fit and mentally sound to participate. I, the undersigned parent/guardian agree that the Wood-Dale Swim Club and Wood-Dale Swim Team, including Members, Board of Directors, and Coaches shall not be held liable for claims of injuries sustained during practice, swim meets, and team activities. The parent/guardian is financially responsible for any health care required.

X\_\_\_\_\_