

# Wind N Sea Registration *Please print neatly and include all information!*

## PARENTS' INFORMATION

MOTHERS NAME	FATHERS NAME		
ADDRESS	CITY	STATE	ZIP
HOME PHONE	CELL PHONE		
E-MAIL <i>(Invoices are sent by e-mail. Please include currently used e-mail.)</i>	REFERRED BY		

## SWIMMER INFORMATION

**Child #1**

FIRST NAME	MIDDLE NAME	LAST NAME	DOB
LEVEL		COMMENTS	
DOCTOR'S NAME		DOCTOR'S PHONE NUMBER	
EMERGENCY CONTACT		EMERGENCY CONTACT PHONE NUMBER	
MEDICAL CONDITION(S) <i>(any allergies, medications, medical conditions, etc. coaches should know about)</i>			

**Child #2**

FIRST NAME	MI	LAST NAME	AGE	DOB
LEVEL		COMMENTS		
MEDICAL INFORMATION <i>(any allergies, medications, medical conditions, etc. coaches should know about)</i>				

**Child #3**

FIRST NAME	MI	LAST NAME	AGE	DOB
LEVEL		COMMENTS		
MEDICAL INFORMATION <i>(any allergies, medications, medical conditions, etc. coaches should know about)</i>				

<i>Quarterly team dues</i>	
Level Black	\$300
Blue	\$255
Red	\$220
White	\$205
Novice	\$190
<i>Mid-quarter pro rates</i>	
Black	\$100/mo
Blue	\$85/mo
Red	\$75/mo
White	\$70/mo
Novice	\$65/mo
<i>Multiple child discounts</i>	
\$15 off for second child	
\$25 off for each additional child	

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PARENT'S NAME \_\_\_\_\_

Child #1	Team dues:	Level _____	Dues _____	
				<i>New registration fee</i> <u>\$50.00</u>
Child #2	Team dues:	Level _____	Dues _____	
				<i>New registration fee</i> _____
Child #3	Team dues:	Level _____	Dues _____	
				<i>New registration fee</i> _____
				<b>TOTAL</b> _____

Make checks out to: Wind N Sea Swim Team