

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>	
<i>Level</i>	Senior \$490
	Blue \$420
	Red \$360
	White \$345
	Novice \$330
<i>Mid-quarter pro rates</i>	
	Senior . . . \$165/mo
	Blue. . . . \$140/mo
	Red \$120/mo
	White. . . . \$115/mo
	Novice . . \$110/mo

PARENT'S NAME _____

Child #1 Team dues: Level _____ Dues _____
New registration fee **\$50.00**

Child #2 Team dues: Level _____ Dues _____
New registration fee _____

Child #3 Team dues: Level _____ Dues _____
New registration fee _____

TOTAL _____

Make checks out to: **Wind N Sea Swim Team**