

# Camelot Swim Team 2017 Registration Form

Name	Age/Gender	Birthday	shirt size

\*shirt sizes YS, YM, YL, AS, AM, AL, AXL

Parent's Names: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do any of these swimmers have a medical condition we need to be aware of? \_\_\_\_\_  
 \_\_\_\_\_

I give permission for my child to receive emergency medical care in the event that I cannot be reached. Sign \_\_\_\_\_ Date: \_\_\_\_\_

My email address and phone number may be shared with other swim team families. (Circle One) YES or NO

Do you plan on participating at city meet (July 8<sup>th</sup> & 9<sup>th</sup>) YES or NO

Number of swimmers X \$65 each= Total \_\_\_\_\_

Swim team only (non members only) \$100 per family \_\_\_\_\_

Additional T-Shirts \$10 per shirt: \_\_\_\_\_

Total amount Paid: \_\_\_\_\_

**\*\*Please return by May 24<sup>th</sup> to Nicole Biles or Gina Young.\*\***