



SWIM TEAM APPLICATION

Children Participating:

Name

Birth Date(include year)

Age as of June 1, 2011

Parent's Name: _____ **RC Member Number:** _____

Address: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Is this the first year for Racquet Club Swim Team participation? YES / NO

Known Medical Conditions:

Name Condition

Swim Team Fees: \$130 for one child • \$95 for each additional child • \$20 for 15-19

Swim Team fees include the following:

Pre-season Party • Stroke Clinics • Swim Team Registration • Trophy • Banquet • Awards at Dual Meets

Not included in fees: Swimsuit • Special Meets (i.e. City Meet, • Special Team Events)

Payment Method:

Please bill my Club Membership Number: YES / NO

Personal check # _____

Signature X _____