



**The Club at Westport**  
**2019 SWIM TEAM REGISTRATION FORM**  
 Bring this filled out form and payment to  
 pre-season parent meeting  
 Swim Team Ages 6+

**Please plan on attending our mandatory parent meeting**

Thursday, May 23rd 6:30pm, Swim Suit Fitting 5:30-7pm

Personal swim suit fitting with Carolina Swim Shop

Circle T-Shirt Size: Youth S Youth Med Youth L

Adult S Adult Med Adult L Adult XL

**Each household must provide one parent per meet to volunteer**

Swimmer's Name: \_\_\_\_\_ Age on June 1, 2019 \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ Age on June 1, 2019 \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_ Age on June 1, 2019 \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Preferred Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If Parents cannot be reached, please contact \_\_\_\_\_ Phone \_\_\_\_\_

Please note any any special or medical conditions (Allergies, Asthma, Etc.) of which we should be aware:

**Medical Release:** In case of emergency or illness involving a **Westport Swim Team participant** every effort will be made to contact the child's parent(s) or guardian (s). In the event that contact cannot be made, I hereby grant permission for physicians, dentists, or other licensed health care providers and their designees selected by Westport to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary, or to refer to duly licensed medical personnel when indicated. There will be times during swim team that No Lifeguard is on Duty & Parents are responsible for the safety of their children. Parents should remain on premise during swim team.

\_\_\_\_\_ Date \_\_\_\_\_ Parent's Signature

WESTPORT MEMBERS:	1 child \$128	Non-Member 1 child \$178
	2 children \$230	Non-Member 2 children \$332
	3 children \$342	Non-Member 3 children \$471

Registration fee is due at the time of sign-up. ***NO REFUNDS. ONCE THE SEASON HAS BEGUN***

***FOR OFFICE USE ONLY***

Amount Paid \$ \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Date Paid: \_\_\_\_\_