



Pd _____

Lawndale Swim and Tennis Club SWIM TEAM REGISTRATION



Registration fee = \$50 first swimmer & \$40 additional swimmers
High School swimmers = \$25 (Rising 9th graders)

Parent's Names: _____

Address: _____

Phone #: _____ Cell # _____

E-mail Address _____

***We will be corresponding via email, unless you request otherwise.*

Emergency contact: _____ Phone#: _____

| <u>Swimmer's Name</u> | <u>Birthdate</u> | <u>Age</u> | <u>M/F</u> | <u>T-shirt size</u> |
|-----------------------|------------------|------------|------------|---------------------|
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| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

T-shirt sizing YM(10-12) YL(14-16) AS AM AL AXL

Please check the **Swim Meet Dates** you **CAN** attend:

(you will have 48 hours prior to the day of the meet to notify the coaches of an emergency conflict)

June 15th
 June 18rd
 June 23rd
 June 30th
 July 6th

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|--|--|
| <u>City Meet:</u> | <input type="checkbox"/> July 9 th |
| <input type="checkbox"/> July 10 th | <input type="checkbox"/> July 11 th |

