

Brookwood Barracuda Swim Team Registration Form

Please complete this form and return by May 16, 2016 (First Practice), with the registration fee: \$65.00 for one swimmer, \$120 for two swimmers, and \$170 for three or more swimmers.

Make checks payable to: Brookwood Pool. Mail swim team registration, pool membership form and check to:
Brookwood Pool, PO Box 863, Clemmons, NC 27012

****TO PARTICIPATE ON BROOKWOOD'S SWIM TEAM, YOU MUST BE A PAID MEMBER OF BROOKWOOD POOL****

Swimmer #1 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/16 _____ Birthday _____

Swimmer #2 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/16 _____ Birthday _____

Swimmer #3 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/16 _____ Birthday _____

Swimmer #4 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/16 _____ Birthday _____

Parent's Names: _____

Address: _____

Phone Number: _____ Email: _____

Phone Number: _____ Email: _____

My Child/ren has/have permission to participate on the Brookwood Pool Swim Team. He/she is in good physical condition. In case of emergency, I authorize calling an ambulance to transport my child/ren to the hospital for necessary treatment at my expense. I understand that the best possible supervision will be provided for my child/ren, but Brookwood Pool, and the governing swim league will not be held responsible for accidents that may occur. I also understand that each parent must volunteer to work at least two swim meets.

Parent's Signature: _____ Date: _____