

2022 WST REGISTRATION INFORMATION

SWIMMER NAME: _____

SWIMMER D.O.B. _____

PARENT(S) NAME(S): _____

PRIMARY CONTACT # : _____ (cell or home) _____

***primary number will be used for any/all recorded messages sent**

SECONDARY CONTACT # _____ (cell or home) _____

EMAIL ADDRESS _____

DO YOU PREFER TO BE CONTACTED BY PHONE OR EMAIL? _____

T-SHIRT SIZE (PLEASE CIRCLE ONE)

YOUTH SMALL

YOUTH MEDIUM

YOUTH LARGE

YOUTH X-LARGE

ADULT SMALL

ADULT MEDIUM

ADULT LARGE

ADULT X-LARGE

WHAT IS YOUR SWIM TEAM GOAL? (PLEASE CIRCLE ONE)–

RECREATIONAL (not attending meets)

COMPETITION (attending at least 2 meets)

Initial Here to acknowledge receipt of Team Guide and Parent Handbook: _____

For administrative use only (check and initial when received):

_____ Club Fee (\$65.00) Paid ck/cash _____

_____ Lap a Thon Paid ck/cash _____

_____ Sierra Nevada USA Swim Registration

_____ Medical Authorization Form & Liability Waiver

_____ MAAP Policy Acknowledgement

_____ Work Bond \$50.00-due by 1st day of practice ck/cash _____

_____ Work Bond Returned Yes or No Volunteer Hours Worked: _____

Notes: _____