

2021 Thoroughbreds Swim Team Registration

Swimmer's Name _____ DOB: _____

Age your child will be on June 1st, 2021 _____

Male _____ Female _____

Learn to Swim Program _____ or Swim Team _____

Parent's Name _____

Parents Phone Number (number you want us to use concerning schedule changes, questions concerning meet participation, etc.....) _____

Member # _____

Emergency Contacts for this child

Mobile phone _____ Name _____

Mobile phone _____ Name _____

E-Mail address (required) _____

*Please list anything you want us to know about your child on the back of this paper

Swim Team & Learn to Swim Program Fee \$100 per child. Fee will be charged to your account

*Snacks and drinks will be provided