

Gateway Heights Swim Team Application 2018

PARENT INFORMATION

Parent Name(s): _____ Phone: _____

Email: _____ Alt Phone: _____

Address: _____

SWIMMER(S) INFORMATION

(Age as of 6-1-18)

Swimmer: _____ DOB: _____ Sex: ___ Age: ___

Swimmer: _____ DOB: _____ Sex: ___ Age: ___

Swimmer: _____ DOB: _____ Sex: ___ Age: ___

Swimmer: _____ DOB: _____ Sex: ___ Age: ___

Swimmer: _____ DOB: _____ Sex: ___ Age: ___

Graduating? _____

Fee Schedule: 1-\$65, 2-\$110, 3-\$145, 4 or more \$165

Learn to Swim: 1-\$55, 2-\$100, 3-\$135, 4 or more \$155

I hereby consent for my child(ren), named above, to participate in the activities of the Gateway Heights Swim Team. I also release the Gateway Heights Club Inc, its officers and coaches from any and all liability for any injury or damages resulting from such participation and, in my absence, authorize any reasonable and necessary medical treatment and/or hospitalization for these participants.

Parent Signature: _____ Date: _____

MAKE CHECK PAYABLE to GATEWAY HEIGHTS SWIM TEAM

Mail to: Kellie Whisner, 1638 Cedar St, Turtle Creek PA 15145 (Due by June 15th)

