



## Swim Camp Registration

Please fill out all of the information below. If you have less than four swimmers participating, it is ok to leave blank fields on the form.

**PARENT 1 NAME, CELL # & EMAIL:** \_\_\_\_\_

\_\_\_\_\_

**PARENT 2 NAME, CELL # & EMAIL:** \_\_\_\_\_

\_\_\_\_\_

*Parents names should be the same as the ones used to complete your swim club membership.*

**ADDRESS:** \_\_\_\_\_ **HOME PHONE#** \_\_\_\_\_

**SWIMMER 1 NAME & CELL #:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AGE ON JUNE 1st:** \_\_\_\_\_ **FREE T-SHIRT SIZE:** \_\_\_\_\_ (YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL)

**SWIMMER 2 NAME & CELL #:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AGE ON JUNE 1st:** \_\_\_\_\_ **FREE T-SHIRT SIZE:** \_\_\_\_\_ (YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL)

**SWIMMER 3 NAME & CELL #:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AGE ON JUNE 1st:** \_\_\_\_\_ **FREE T-SHIRT SIZE:** \_\_\_\_\_ (YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL)

**SWIMMER 4 NAME & CELL #:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**AGE ON JUNE 1st:** \_\_\_\_\_ **FREE T-SHIRT SIZE:** \_\_\_\_\_ (YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL)

- Please do not include my child's photo on any Woodridge Swim Club publications.

**Please mail or email this completed form to: Nancy Valudes, 8 Round House Dr. Lititz, PA 17543 nancycv@ptd.net**