



Swim Team 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**