

LAKE WALLKILL SWIM TEAM 2019 SEASON

(FAMILY NAME)	(PARENT/GUARDIAN)
(LAKE ADDRESS – HOUSE # & STREET)	(LAKE PHONE NUMBER)
(HOME ADDRESS - STREET)	(CITY PHONE NUMBER)
(HOME ADDRESS - CITY, STATE)	(OTHER PHONE NUMBERS - CELL)
(E-MAIL)	(OTHER E-MAIL)

Swimmers' Names	Sex	Birthdate	Age on 6/1/19	Number of years on team including 2019
1.	♂ M ♂ F			
2.	♂ M ♂ F			
3.	♂ M ♂ F			

I HEREBY GRANT PERMISSION TO A RESPONSIBLE LAKE WALLKILL SWIM TEAM ADULT TO SEEK MEDICAL ASSISTANCE FOR MY SON(S)/DAUGHTER(S) IN CASE OF ACCIDENT OR INJURY.

(Parent Signature) (Date)

IN ORDER TO QUALIFY FOR TROPHIES:

- SWIMMERS 14 AND UNDER: MUST PARTICIPATE IN AT LEAST FOUR MEETS
- SWIMMERS 15 TO 18: MUST PARTICIPATE IN AT LEAST THREE MEETS

REGISTRATION FEE:	\$50.00 EACH (for first two swimmers)	\$ _____
	\$ 10.00 EACH (for each additional swimmer)	\$ _____
	(Fee for # of swimmers: 1=\$50 2=\$100 3=\$110 4=\$120)	
	Make check payable to: LAKE WALLKILL, INC.	
	TOTAL DUE	\$ _____
MAY WRITE ONE CHECK FOR GRAND TOTAL OF REGISTRATION & APPAREL ORDER		