**2019 Avalon Swim Team Registration Form**

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| Parent(s) Name: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_ | Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Swimmer Information** |
| **NAME** | **BIRTHDATE** | **MEMBER (Y/N)** | **SWIM** | **PREP** |
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| **REGISTRATION FEES** |  | **Amount** |
| **1st Child on Swim Team** | **$140** |  |
| **Each additional Child on Swim Team** | **\_\_\_\_ x $40** |  |
| **Prep Team (4 years old by January 1, 2019)** | **\_\_\_\_ x $75** |  |
| **Membership Fee for Non-Members** | **\_\_\_\_x $75** |  |
| **CASH \_\_\_\_\_\_\_\_\_ CHECK # \_\_\_\_\_\_\_\_ TOTAL DUE** |  |  |

By signing this form, I declare that I am the legal parent/guardian of the minor child(ren) listed above and authorized to grant such permission for the minor child(ren) to participate on the Avalon Summer Sports Club, Inc. Swim team for the summer season 2019. I grant permission to Avalon Summer Sports Club, Inc. to use photos of my child(ren) on the website, newsletter, and/or bulletin boards or for advertising purposes.

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Parent/Guardian Signature Date

**Please make checks payable to “Avalon Swim Team.” Mail completed registration form and payment to Jennifer Littleford, 6301 Maywood Circle, Fort Wayne, IN 46819. If you have questions, contact Erin Armstrong at 260-478-1325.**