All swim team forms, fees and waivers must be submitted in full the first week of practice.

2021 SWIM TEAM REGISTRATION FORM- Charleston Swim Club

Parent's Name:_____

Address:_____

City:_____State:_____ ZIP Code:_____

Home Phone: ( )_____ Parent's Cell Phone ( )_____

Swimmer's Cell Phone:( )_____ E-Mail: _____

Swimmer Information:

Swimmer Name(s)	Date of Birth	T-Shirt Size (indicate youth or adult)
1._____	DOB_____	Size _____
2._____	DOB _____	Size _____
3._____	DOB _____	Size _____
4._____	DOB _____	Size _____

Swim Team Fees: **___ paid with dues ___ bill me ___ paid with form**

Swim Team Dues (per child) includes: $150.00 x _____ = _____

Water Rats in Training Program (per child) $100.00 x _____ = _____

Swim Meet Snack Bar Stocking Fee- $20 per swim team family + $20.00

TOTAL: **$_____**

(Check made payable to Charleston Swim Team Booster Club, or Venmo @Charleston-SwimClub subject: Swim Team Dues)

Office use only: ___ Check ___ Cash ___ Venmo Date Collected: _____