

**WELCOME BEECHWOOD SHARKS!
2019 SWIMMER REGISTRATION**

All swimmers must provide a proof of age with registration.

Their age on June 1, 2019 will dictate what age bracket they compete in.

PLEASE PRINT LEGIBLY ● COMPLETE ALL INFORMATION:

GUARDIAN #1 LAST NAME	GUARDIAN #1 FIRST NAME	GUARDIAN #2 LAST NAME	GUARDIAN #2 FIRST NAME
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
AREA CODE	TELEPHONE NO.	FAMILY/HOUSEHOLD E-MAIL ADDRESS	

ARE YOU A MEMBER OF BEECHWOOD POOL? YES NO
ARE YOU IN GOOD STANDING? YES NO
WHICH POSITIONS WILL YOU VOLUNTEER FOR? REF JUDGE TIMER
 RIBBONS BANQUET GPSA
 MANAGER (TRAINING IS FREE)

SWIMMER INFORMATION

SWIMMER #1 \$100
FULL NAME: _____ PREFERRED NAME: _____
DATE OF BIRTH: _____ SEX: _____ AGE: _____ NEW TO TEAM Y/N: _____ YEARS SWIMMING EXPERIENCE: _____
HIGH SCHOOL STUDENTS – YEAR OF GRADUATION: _____ ACCOMODATIONS, MEDICAL CONDITIONS, ALLERGIES, OR SPECIAL NEEDS: _____

SWIMMER #2 \$75
FULL NAME: _____ PREFERRED NAME: _____
DATE OF BIRTH: _____ SEX: _____ AGE: _____ NEW TO TEAM Y/N: _____ YEARS SWIMMING EXPERIENCE: _____
HIGH SCHOOL STUDENTS – YEAR OF GRADUATION: _____ ACCOMODATIONS, MEDICAL CONDITIONS, ALLERGIES, OR SPECIAL NEEDS: _____

SWIMMER #3 \$60
FULL NAME: _____ PREFERRED NAME: _____
DATE OF BIRTH: _____ SEX: _____ AGE: _____ NEW TO TEAM Y/N: _____ YEARS SWIMMING EXPERIENCE: _____
HIGH SCHOOL STUDENTS – YEAR OF GRADUATION: _____ ACCOMODATIONS, MEDICAL CONDITIONS, ALLERGIES, OR SPECIAL NEEDS: _____

SWIMMER #4 \$0
FULL NAME: _____ PREFERRED NAME: _____
DATE OF BIRTH: _____ SEX: _____ AGE: _____ NEW TO TEAM Y/N: _____ YEARS SWIMMING EXPERIENCE: _____
HIGH SCHOOL STUDENTS – YEAR OF GRADUATION: _____ ACCOMODATIONS, MEDICAL CONDITIONS, ALLERGIES, OR SPECIAL NEEDS: _____

SIGN HERE x _____
SIGNATURE OF ATHLETE AND PARENT/GUARDIAN DATE