



2018 REGISTRATION FORM

Online registration is preferred.
augustajcc.org



Swimmer's Name: _____

Date of Birth: _____ Age as of June 1, 2018: _____

Number of Years on Swim Team, including this year: _____

T-Shirt size - Please circle one: Youth (S M L XL) Adult (S M L XL)

Address: _____ City: _____

State: _____ Zip: _____

Mother's Name: _____

Father's Name: _____

Daytime Phones: (Mother) _____ (Father) _____

Cell Phones: (Mother) _____ (Father) _____

Preferred Email: _____

Does your child take medication on a regular basis? Please circle: Yes No

If yes, please list type and for what reason: _____

Pediatrician: _____

DOCTOR'S NAME PHONE

Emergency Contact: 1) _____

NAME PHONE

Emergency Contact: 2) _____

NAME PHONE

Parent Signature: _____

SIGNATURE DATE

Swim Team Fee: Year Round AJCC Members \$55 Unaffiliated 1st Child \$130
(Please check one) Summer Park Pool Members \$70 Unaffiliated 2nd+ Child \$105
 Summer Day Campers \$70

Payment Type: Check Cash MC VISA AMEX Discover

This team runs on Parent Volunteer Power & we need you to fill these positions: (*requires training)

Meets: TBD (Time Trials) June 5 June 12 June 19 June 26

Positions: Timer Runner Shepherd
 Stroke & Turn Judge* Meet Referee* Computer Operator*