

Please fill out form below and send it with a CHECK payable to WSTC (\$20.00 per child) and bring to the first practice



Swim Team Sign Up

LastName: _____

Email Address: _____

Emergency Contact: _____

First: _____ Age: _____ DOB: _____

First: _____ Age: _____ DOB: _____

First: _____ Age: _____ DOB: _____

First: _____ Age: _____ DOB: _____

Parents/Guardians

Names: _____

Amount enclosed: \$ _____ (\$20.00 per child)