

**WILSON BARRACUDA SWIM TEAM
Registration Form**

Swimmer: _____ Last First M.I.	DOB: _____	AGE: _____
Swimmer: _____ Last First M.I.	DOB: _____	AGE: _____
Swimmer: _____ Last First M.I.	DOB: _____	AGE: _____
Swimmer: _____ Last First M.I.	DOB: _____	AGE: _____

CONTACT INFORMATION

Primary Address: _____

Email Address: _____

Is the above email address different from what we currently have on file? YES NO

Alternate Email (optional) _____

Father/Guardian: _____ **Mother/Guardian:** _____

Home #: _____ **Cell #:** _____ **Home #:** _____ **Cell #:** _____

Work #: _____ **Work #:** _____

Check box if you do NOT want father/guardian contacted

Check box if you do NOT want mother/guardian contacted

Emergency Contact: _____ **Phone #:** _____

MEDICAL CONDITIONS

Please indicate any conditions (i.e. asthma, allergies, disabilities, other)

FINANCIAL

WBST Preferred Payment Schedule (Please check one): ___Monthly ___9-Month ___12-Months

Refer to WBST Dues document for amounts

US/NC Swimming Registration Fee: \$74 per swimmer (one-time annual payment), check made out to WBST

Wilson Parks & Rec Facility Fee: \$15 per month per swimmer, check made out to WBST

I have read and understand the financial terms and obligations and agree to abide by these terms. I understand that the Treasurer MUST be notified, in writing, if my swimmer quits the team. Once I notify the treasurer, I owe the current month's dues to settle the account. I understand that my swimmer will not be able to attend practice or meets unless my account is current.

MEDIA RELEASE

Wilson Barracudas Swim Team (WBST) has my permission to use any photographs of me and/or my child(ren) for the purpose of advertising the WBST. I understand that the photographs may be used on the WBST website, the WBST banquet, as well as social media and the local newspaper. I acknowledge that no financial remuneration is expected for these uses.

SIGNATURE: _____

DATE: _____