

# Richland WAVES

## Registration Form

Please list the names of the Swimmers in your household	MM/DD/YYYY Date of Birth	Sex	FREE* T-shirt Circle Size	Age as of June 1st	Fees
Swimmer 1 _____ First                    MI                    Last	_/_/____	F M	YS YM YL AS AM AL		___\$135 by April 22 ___\$160 after April 22 ___\$30 non-resident fee (per family)
Swimmer 2 _____ First                    MI                    Last	_/_/____	F M	YS YM YL AS AM AL		___\$125 by April 22 ___\$150 after April 22
Swimmer 3 _____ First                    MI                    Last	_/_/____	F M	YS YM YL AS AM AL		___\$110 by April 22 ___\$135 after April 22

**\*\*New Rule\*\*** New WAVES team swimmers and any swimmer not registered last year must present the original birth certificate or passport for our review and provide a photocopy for the Gwinnett County Swim League files.

Parent(s) Name(s): _____		
Address: _____		Subdivision Name _____
City/Zip _____		<input type="radio"/> Richland <input type="radio"/> Other
Main Contact Phone # _____ <input type="radio"/> Home <input type="radio"/> Mom mobile <input type="radio"/> Dad mobile <input type="radio"/> Other –who?	Second Phone # _____ <input type="radio"/> Home <input type="radio"/> Mom mobile <input type="radio"/> Dad mobile <input type="radio"/> Other – who?	Third Phone # _____ <input type="radio"/> Home <input type="radio"/> Mom mobile <input type="radio"/> Dad mobile <input type="radio"/> Other – who?
Email Address-Primary _____ <input type="radio"/> Mother's <input type="radio"/> Father's <input type="radio"/> Swimmer	Email –Secondary _____ <input type="radio"/> Mother's <input type="radio"/> Father's <input type="radio"/> Swimmer	
Emergency Contact: Name _____		Relationship _____
Emergency Contact Phone # _____		Emergency Cell Phone # _____

**PLEASE NOTE:** You must pay your current R.H.O.A. dues to be eligible for Swim Team. **Refund Policy:** No refunds will be given after 5 days past the first scheduled swim meet of 2018. Refunds prior to the refund request deadline of 5 days past the first scheduled swim meet will be given in full minus a \$15 administrative fee per swimmer and minus \$30 non-resident fee if applicable. No refunds on swimsuits or other apparel or equipment.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*Do Not Write Below This Line\*\*\*\*\*

Accounting:	Registration fees:	\$ _____
	Non-resident fee:	\$ _____
	Spirit wear fees:	\$ _____
	TOTAL Paid:	\$ _____ Due _____
		<input type="radio"/> Cash <input type="radio"/> EFT <input type="radio"/> Check #

\*Free T shirt for swimmers who register by April 22<sup>nd</sup>.