

2019 Green Acres Sharks Swim Team Registration

Swimmer Name	M/F	Age (as of 5/31/19)	Date of Birth	Fee
1.				\$50.00
2.				\$50.00
3.				\$30.00
4.				\$30.00
5.				\$30.00

Parent's Name _____ Home Phone _____ Alt Phone _____
E-mail _____ Address _____

Parent's Name _____ Home Phone _____ Alt Phone _____
E-mail _____ Address _____

Emergency Contact: 1. _____ Phone _____ Alt Phone _____
2. _____ Phone _____ Alt Phone _____

Health Information

Doctor _____ Phone _____

Please list any allergies or health concerns coaches should be aware of: _____

Volunteer Information

In order to keep swim meets running smoothly we are in need of as many volunteers as possible.

Please check the web site for the Sign Up Genius Links for each meet and activity. If you are interested to helping organize team activities please let Nancy know!!

If you are interested in Stroke & Turn and Scorer positions training will be provided. Please make checks payable to GARA with "Swim Team Fee" in the memo. Payment MUST be received in full before the swimmer will be eligible to practice with the team. All fees are non-refundable.

My child has permission to swim for the Green Acres Recreation Association Swim Team

Parent or Legal Guardian _____ Date _____

Questions? Email garasharks@gmail.com and a Parent Volunteer Rep will get back to you