

Swim and Dive Team Application

Bond Holder's Name _____

Address _____

Relationship to child(ren) _____

Home Phone _____ Work Phone _____

Mother's cell phone _____ Father's cell phone _____

Emergency Contact _____ Phone _____

Relationship to child(ren) _____

E-mail Address _____

Swim Team - \$90.00 per child – You **must** include the signed Tri-County liability waiver and completed volunteer form. **All insurance costs are covered by the per child fee.**

Dive Team - \$76.00 per child – You **must** include the Tri-County liability waiver form – Additional AAU diving insurance is required.

Child's Name Size	Birth Date	Swim Fee	Dive Fee	Amount Due	T-shirt
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Personalized Swim Caps (optional) - \$15/pair (same name both caps)

Name to be printed	# pairs	Amount Due
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Team Fees (write in line 7 on dues form): _____

YOU MUST SIGN WAIVER ON PAGE 7!!!