

# 2017 RIDDLEWOOD SWIM & DIVE TEAM REGISTRATION

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

(Circle Swimmer, Diver or Both)

**Child #1** Name \_\_\_\_\_ Swimmer \_\_\_\_\_ Diver \_\_\_\_\_

Age as of 6/1/17 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child #2** Name \_\_\_\_\_ Swimmer \_\_\_\_\_ Diver \_\_\_\_\_

Age as of 6/1/17 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Child #3** Name \_\_\_\_\_ Swimmer \_\_\_\_\_ Diver \_\_\_\_\_

Age as of 6/1/17 \_\_\_\_\_ Date of Birth \_\_\_\_\_

**(PLEASE USE REVERSE FOR ADDITIONAL CHILDREN)**

PARENT HELP IS A NECESSITY. PLEASE CHECK OFF THE AREAS WITH WHICH YOU ARE WILLING TO ASSIST:

Time \_\_\_\_\_ Score \_\_\_\_\_ Sell 50/50 \_\_\_\_\_ Fundraising \_\_\_\_\_ Sponsor Team \_\_\_\_\_

Snack bar \_\_\_\_\_ Coordinating Volunteers \_\_\_\_\_ Banquet Planning \_\_\_\_\_

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I \_\_\_\_\_ (parent name) give my child(ren) permission to swim for the Riddlewood Swim Club. I understand that in order for my child to swim in the Delco League, our family must be a member of RSC. I will do my best to see that he/she attends practice regularly.

DATE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_

Forms must be returned before you can participate on the team. Please return fees and forms to:

Riddlewood Swim Club  
ATTN: SWIM TEAM  
P.O. Box 274  
Lima PA 19037

**\*Make checks payable to Riddlewood Swim Club\***

Please Contact us with any questions:

[RiddlewoodSC@gmail.com](mailto:RiddlewoodSC@gmail.com) or 610-566-9834

## SWIM & DIVE FEES

\_\_\_\_\_ (#) Swim Team Fee: \$80.00 each

\_\_\_\_\_ (#) Dive Team Fee: \$80.00 each

\_\_\_\_\_ (#) Swim & Dive Both: \$130

Discounted Rate for Both

**Total Registration Amount**

\$ \_\_\_\_\_ Check Number \_\_\_\_\_