

2021 Riverlands Stingrays Swim Team Registration

Child's Name: _____ Date of Birth : _____
Child's Name: _____ Date of Birth : _____
Child's Name: _____ Date of Birth : _____
Child's Name: _____ Date of Birth : _____
Child's Name: _____ Date of Birth : _____

Father's Name: _____ Cell #: _____
Mother's Name: _____ Cell #: _____

Address: _____
Home phone: _____
Email address: _____

Work Deposit Information: Each family is required to provide a \$125 check for work shifts. Everyone is responsible to work at least 2 shifts during the season and 2 invitational shifts. By registering and signing you are agreeing to complete worker shifts or find someone to work them for you. YOU are also responsible for going online and signing up to work or calling the work coordinator to schedule your work shifts. If YOU fail to call to schedule or fail to work we will cash your \$125 dollar check. Thank you so much for your commitment to helping us make this a fantastic season for our swimmers!

Parent/Guardian

Signature: _____ Date: _____

-----Below To Be Filled Out By Swim Team Board Member Only-----

Registration: _____ x \$ 45.00
Required silicone cap _____ x \$ 10.00 each
Custom silicone cap _____ x \$ 24.00 (\$12/cap -- must order in pairs)
Invitational entry _____ x \$ 12.00 each
Total collected: \$ _____ Check #: _____
Work day deposit: \$ 125.00 Check #: _____
Summer Membership \$ _____ Check #: _____ Full Member #: _____