

# 2017 BROOKSIDE BULLFROGS DIVE TEAM

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Swimmer's Name	Birth Date	Age (As of 6/30)	Sex	T-shirt size
1) _____				
2) _____				
3) _____				
4) _____				
5) _____				

T-Shirt sizes: Child's Small, Medium, Large, & Adult Small, Medium, Large

Parents are requested to work at all meets. Job descriptions and training dates will be posted when made available by the league.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Fees (includes team tshirt): \$55.00 per child (capped at \$165.00)

Total (check made payable to Brookside Swim Team): \$ \_\_\_\_\_