

**2024 NEWBURGH SHARKS SWIM TEAM REGISTRATION FORM**  
**Swim Team fee is \$60 per swimmer/\$175 Family Max**

**Swimmer (1):** \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F \_\_\_\_  
Name Last First  
Special health concerns/allergies: \_\_\_\_\_

**Swimmer (2):** \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F \_\_\_\_  
Name Last First  
Special health concerns/allergies: \_\_\_\_\_

**Swimmer (3):** \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F \_\_\_\_  
Name Last First  
Special health concerns/allergies: \_\_\_\_\_

**Swimmer (4):** \_\_\_\_\_ Birth Date: \_\_\_\_\_ M or F \_\_\_\_  
Name Last First  
Special health concerns/allergies: \_\_\_\_\_

**New to swim team** \_\_\_\_\_ **Years on Team** \_\_\_\_\_

**Primary Parent/Guardian Name:** \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

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

**Secondary Contact Name:** \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**Membership #**

**TOTAL REGISTRATION FEES** \_\_\_\_\_ (make checks payable to Newburgh Swim Club)  
**Cash** \_\_\_\_\_ **Check number** \_\_\_\_\_  
(\$60 per swimmer/\$175 Family Max)

**Deposit for Volunteering \$75.00 check** \_\_\_\_\_. Will be refunded at the end of the season when 2 shifts are completed.