

# 2022 CRESTWOOD SWIM & DIVE TEAM REGISTRATION

Fees for child 1 - 3:	Swim Team: \$60	DiveTeam: \$65	Both: \$110
Fees for child 4+ :	Swim Team: \$55	Dive Team: \$60	Both: \$100

(family discount applies to the fees for the fourth and subsequent children)

Registration will be held at **CRESTWOOD POOL** on the following dates:

**Saturday April 30th from 12:00 - 3:00 pm**

**Monday, May 2nd from 6:00 - 8:00pm**

**Team Suits** - Sizing kits will be available during registration and can then be ordered online. We will be using the same suits as last year.

***PLEASE NOTE: if you cannot attend in-person registration, please mail your registration, checks payable to Crestwood PAC by May 21, 2022 to:***

Crestwood PAC c/o Sarah Stapley  
4 Brookside Ct  
Birdsboro, PA 19508

Any registrations postmarked **May 21st** or after will incur a **\$10 late fee.**  
The late fee applies to returning members only.

**\*\*If you are new to the team and not sure if you want to join, you may submit the registration paperwork and fee by the May 21<sup>th</sup> deadline. A refund will be granted if requested after the first full week of practice. Purchased swimsuits cannot be returned or refunded.\*\***

**\*\*Crestwood Pool Membership is required for all Swim and Dive Team memberships. This is stated in the BCSA constitution\*\***

**Please plan to attend the Parent Meeting on Friday, June 10th at 7:00pm.**

General swim/dive team questions can be directed to:  
[crestwoodpac@gmail.com](mailto:crestwoodpac@gmail.com)

## Crestwood Swim and Dive Summer 2022 Member Registration

Family Last Name: \_\_\_\_\_ (New/Returning/Referred by \_\_\_\_\_)

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

**PARENT INFORMATION:**

Parent 1:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**ATHLETE INFORMATION:**

Last Name (if different)	First Name	Gender	Date of Birth	Age on 7/24/22	Swim /Dive /Both	Shirt Size YS, YM, YL, YXL, AS, AM, AL, AXL
		M F			S D B	
		M F			S D B	
		M F			S D B	
		M F			S D B	
		M F			S D B	

Please list any health concerns (Conditions, Allergies, Medications) along with your child's name below:

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_

PHYSICIAN NAME & NUMBER: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_