

2023 CRESTWOOD SWIM & DIVE TEAM REGISTRATION

Fees for child 1 - 3:	Swim Team: \$70	DiveTeam: \$65	Both: \$130
Fees for child 4+ :	Swim Team: \$65	Dive Team: \$60	Both: \$120

(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 29th from 12:00 - 3:00 pm

Monday, May 1st from 6:00 - 7:30pm

Team Suits - Sizing kits will be available during registration and can then be ordered online.

PLEASE NOTE: if you cannot attend in-person registration, please mail your registration, checks payable to Crestwood PAC by May 20, 2023 to:

Crestwood PAC c/o Brittany Whiteman
170 Boone Road
Birdsboro, PA 19508

Any registrations postmarked **May 20th** 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 20th 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 Thursday, June 8th at 7:00pm.

General swim/dive team questions can be directed to:
crestwoodpac@gmail.com

Crestwood Swim and Dive Summer 2023 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 7/24/23	Swim, Dive, or 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 _____