

# **2019 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, May 4 , 2019 from 9:00 - 11:00 am**

**Tuesday, May 14 , 2019 from 6:00-8:00pm**

**Sizing kit will be at both registration dates for team swimsuit (you will order at [beta.agonswim.com/teams/115734](http://beta.agonswim.com/teams/115734) after May 12th) swim caps through D & J**

***PLEASE NOTE: if you cannot attend in-person registration, please mail your registration, checks payable to Crestwood PAC by May 18, 2018 to:***

Crestwood PAC c/o Melissa Crotty  
312 Grande Valley Road  
Reading, PA 19606

Any registrations postmarked **May 18** or after will incur a **\$10 late fee.** This 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 18<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\*\***

**General swim/dive team questions can be directed to:**  
**[PAC@crestwoodpool.com](mailto:PAC@crestwoodpool.com)**

## Crestwood Swim and Dive Summer 2019 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 7/24/19	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 \_\_\_\_\_