

# Richland WAVES Registration Form

Please list the names of the swimmers in your household	M/D/Y Date of Birth	Sex	FREE T-shirt Size*	Age as of 6/1	Fees
Swimmer 1 _____ Medical conditions _____	_ / _ / _	F M	YS YM YL AS AM AL		_____ \$100 by April 23 _____ \$115 after April 23 _____ \$30 non-resident fee (per swimmer)
Swimmer 2 _____ Medical conditions _____	_ / _ / _	F M	YS YM YL AS AM AL		_____ \$95 by April 23 _____ \$110 after April 23 _____ \$30 non-resident fee (per swimmer)
Swimmer 3 _____ Medical conditions _____	_ / _ / _	F M	YS YM YL AS AM AL		_____ \$95 by April 23 _____ \$110 after April 23 _____ \$30 non-resident fee (per swimmer)

**\*\*PLEASE NOTE\*\*** For new WAVES team swimmers, you must present the original birth certificate for our review **and** provide a photocopy for the Gwinnett County Swim League files.

Parent(s) Name(s):		
Address:		Subdivision:
Home Phone #	Mother Work #	Cell Phone #
	Father Work #	Cell Phone #
Email Address(s): (case sensitive)	Primary Email	
	Secondary Email	
Emergency Contact:		
Emergency Contact Phone #		Emergency Cell Phone #

**PLEASE NOTE:** (1) *You must pay your current R.H.O.A. dues to be eligible for Swim Team.* (2) Fees are \$100 first swimmer in family, \$95 per sibling and \$30 extra per swimmer for non Richland HOA members. Swimmers who register after April 23 will incur an additional \$15 late payment fee.

**Refund Policy:** No refunds will be given after May 30. Refunds prior to May 30 will be given in full minus a \$10 administrative fee per swimmer.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

<b>Accounting:</b>	Registration fees:	\$ _____
	Swim wear fees	\$ _____
	Spirit wear fees	\$ _____
	<b>TOTAL DUE:</b>	\$ _____ cash / check # _____

\* Free T shirt for swimmers who register by April 23rd