## **2025 SYLVAN SWIM TEAM REGISTRATION**

## Sylvan Member \$75 Non-Member \$100 (1st swimmer), \$75 (each additional)

Family Last Name:	nily Last Name:		Sylvan Pool Member #		
Email:					
Address:					
Home Phone:	Cell P	hone:		_	
Name of Parents or Guard	lians:				
	SWIMMER INFO	RMATION			
Name	Gender	Birthdate	Age as of 06/01/2025		
Sw	im Cap (red with new logo	o) Qty	x \$10.00 =		
PAID CASH	CHECK #	TOTAL AM	TOTAL AMOUNT DUE		
Payable to: Sylvar	Swim Team (Fees CANNOT	be prorated)			
VOLUNTEER COMMI					
Payable to: <b>Sylvan Swim</b> Each Family is required to	Team CHECK #o volunteer during each home sw	im meet and any host	ed championship	meets.	

Each Family is required to volunteer during each home swim meet and any hosted championship meets A **separate** \$100 volunteer check is required at registration to be held until the season ends. If the requirement is met, the check will be returned. If the requirement is not met, the check will be cashed. We need volunteers to make the swim meets successful.

•	lities are, but not limited to home mee ession donation/s, fundraiser participa	
Parent/Guardian Initial		
July 13th (all ages - those that qualify)?	te in league championships on July 12th (8 &	
Do you give permission to have photos of YES or NO (Circle One)	f your swimmer/s posted on our social med	ia?
Parent/Guardian Signature	Date	
3	Yes or No (Please circle below all that cord PA Volunteer Affdavit FBI Crimina	11 07
Swimmer Name	Youth or Adult Shirt Size Please specify Youth S-XL, Adult S-3X	Jacket Size

All requirements must be fulfilled for your swimmer/s to be eligible to attend the banquet