



# Summer 2017

## Nansemond Swim Team Application

Nansemond Swim Club  
 8907 Eclipse Drive  
 Suffolk, VA 23433  
 757-238-2243

Membership # _____
Birth Cert on File: Yes No

**(Please complete one form for each swimmer)**

Swimmer's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Swimmer's Date of Birth: \_\_\_\_\_ Age on June 1, 2017: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Anticipated Out-of-Town Dates: \_\_\_\_\_

All parents are required to volunteer 4 times in some capacity.  
 Signing this ensures your commitment to the team! I acknowledge that I have read the WTSA Sportsmanship Guidelines, and I agree to abide by them.

Parent or Guardian Signature: \_\_\_\_\_

**FEES: (Circle One)**

**\$75.00** per child

\$45 Jammer Suit Requested size \_\_\_\_\_ Pd: \_\_\_\_\_ Received: \_\_\_\_\_

\$55 Girl's Suit Requested size \_\_\_\_\_ Pd: \_\_\_\_\_ Received: \_\_\_\_\_

\$12 Sharks Cap Pd: \_\_\_\_\_ Received: \_\_\_\_\_

\$20 Goggles  
 Vanquisher 2 \_\_\_\_\_ Jr. Vanquisher 2 Mirrored \_\_\_\_\_ Pd: \_\_\_\_\_ Received: \_\_\_\_\_

Total: \_\_\_\_\_ Cash/Check Check #s: \_\_\_\_\_