



Summer 2018 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, 2018: _____

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: _____