



# Nansemond Sharks

## Swim Team Application

### Nansemond Swim Club

8907 Eclipse Drive Suffolk, VA 23433  
757-238-2243 Main Office

**Please complete one form for each swimmer**

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

Swimmer's Date of Birth: \_\_\_\_\_ Age on June 1, 2022: \_\_\_\_\_

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

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

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

Preferred email contact \_\_\_\_\_

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

All parents are required to volunteer at least 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:

\_\_\_ \$75 first swimmer

\_\_\_ \$70 second swimmer in same family

\_\_\_ \$65 third swimmer in same family

\_\_\_ FREE fourth child in the same family

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

\$58 Girl's Suit Requested size \_\_\_\_\_ Pd: \_\_\_\_\_ Received: \_\_\_\_\_

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

\$20 Team T-shirt Size requested. \_\_\_\_\_ Pd \_\_\_\_\_ Received: \_\_\_\_\_

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