

Hethwood Swim Team Application 2026

Date: _____ Check # _____ and Amount: _____

- Please make Checks Payable to Hethwood Swim Team.
- Applications & fees will be collected on the first day of practice.
- Swimmers Fees are \$135 for 1st Child, \$125 for 2nd Child, \$115 for 3rd or more.
- Non-Hethwood members may join the swim team at a cost of \$150.00 per swimmer. Non-Hethwood members are expected to leave the pool when swim team activities are finished.

When noting previous team experience, if this is the first year on the team please write "first year", second year=2 years, etc.

Swimmer Name	Gender	Birth date	Age on 6/1/26	Previous Team Experience	T-Shirt Size

The above-named swimmer(s) have my permission to participate in the Hethwood Foundation Inc. Swim Team. I certify that each swimmer is physically fit and mentally sound to participate. I understand that accidents and injuries may occur in any athletic activity. I agree to indemnify and hold harmless Hethwood Foundation Inc., its Swim Team, Directors, Agents, Volunteers and Coaches against all injuries of said swimmer(s) participation in the swim program. I further signify that I read and agree to abide by and accept the Terms and Conditions listed on this form. I grant permission to the Coaches, Directors and Hethwood Staff to act in my behalf and in my child's best interest in the case of a medical emergency by a physician, surgeon or hospital licensed by the Commonwealth of Virginia.

Parent/Guardian Signature: _____ Date: _____

Please list any allergies the swimmer has and any medications the swimmer takes: _____

Parent/Guardian Information:

Parent/Guardian Name(s)

Mailing Address _____ Home Phone Number

Parent/Guardian Work Phone(s) Parent/Guardian's Cell Phone(s)

Email addresses that you use the most (this is where information will be sent during the swim season)

Emergency Contact Person	Home Phone	Cell Phone	Relationship to swimmer
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Volunteers are needed for every swim meet. Home meets require more workers than away meets. Remember there will be training provided for all areas. You will be contacted the week prior to the meet with volunteer opportunities. Parent initials _____ 2026