Hethwood Swim Team Application 2025

Date:		Check #		and Amount:		
• Please make Checks	Payable to Hethy	wood Swin	m Team.			
• Applications & fees v	will be collected	on the firs	t day of practice.			
• Swimmers Fees are \$	135 for 1st Child	d, \$125 for	2nd Child, \$115 for	3rd or more.		
Non-Hethwood mem the pool when swim to				0 per swimmer. Non-Hethwoo	od members are expected to leave	
When noting previous team ex		į.				
Swimmer Name	Gender	Birth date	Age on 6/1/25	Previous Team Experienc	e T-Shirt Size	
licensed by the Commonwealth of Parent/Guardian Signature: Please list any allergies the sw Parent/Guardian Information:						
Parent/Guardian Name(s)						
Mailing Address Home Phone Number						
Parent/Guardian Work Phone(s)		Paren	Parent/Guardian's Cell Phone(s)		
Email addresses that you use t	he most (this is y	where info	rmation will be sent of	luring the swim season)		
			30 50110	-0		
Emergency Contact Person	H	Iome Phon	ne Cell I	Phone R	elationship to swimmer	
Volunteers are needed for every for all areas. You will be contained to the contained to th			-	•	per there will be training provided itials 2025	