

DWAC Registration Form

Father's Name: _____ Cell: _____ Email: _____

Mother's Name: _____ Cell: _____ Email: _____

Address: _____

Child's FULL Name (First, Middle, Last)	Gender	DOB	Age	Level

Administration Fee: \$25/swimmer/year

Level 1: Swim School \$50/swimmer/month
Level 2: Stroke School \$50/swimmer/month
Novice: \$75/swimmer/month
Junior: \$85/swimmer/month
Senior: \$110/swimmer/month

USAS Membership:
FLEX: \$20/swimmer/year
PREMIUM: \$74/swimmer/year

FEES:

ADMIN FEE: \$ _____
 USAS FEE: \$ _____
 LEVEL FEE: \$ _____
 TOTAL: \$ _____

FORMS:

_____ SWIM REGISTRATION FORM
 _____ USAS FORM(S)
 _____ MEDICAL RELEASE FORM(S)
 _____ MAAPP SIGNATURE FORM(S)

_____ CASH _____ CHECK # _____ _____ CC