

2024 PARADISE COUNTRY CLUB SWIM TEAM REGISTRATION

SWIMMER INFORMATION:

1st Child's Name: _____

Male: _____ Female: _____ DOB: _____ Age as 7/1/2024 _____

Is this swimmer: NEW RETURNING

2nd Child's Name: _____

Male: _____ Female: _____ DOB: _____ Age as 7/1/2024 _____

Is this swimmer: NEW RETURNING

3rd Child's Name: _____

Male: _____ Female: _____ DOB: _____ Age as 7/1/2024 _____

Is this swimmer: NEW RETURNING

PARENT INFORMATION:

Address: _____ Town/City _____

PRIMARY Email Address: _____ *(To be checked Daily)*

SECONDARY Email Address: _____ *(To be checked Daily)*

PARENT #1: _____

Work Phone: _____ Cell: _____

PARENT #2: _____

Work Phone: _____ Cell: _____

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EMERGENCY CONTACT (Other Than Parents):

NAME: _____

Relation to child _____

Primary Phone: _____ Mobile

Work

Home

PAYMENT: (PLEASE CHECK OFF)

1st Child \$ 115.00

2nd Child \$ 105.00

3rd Child \$ 100.00

(Each Additional Child is \$90.00 _____)

Total amount \$ _____

Check # _____

NOTE: PLEASE MAKE CHECKS PAYABLE TO PARADISE COUNTRY CLUB

If you cannot attend registration, you may mail it in no later than June 10th, 2024.

***** Late registrations will be charged a \$10.00 late fee!!!**

Mail to PCC Swim Team

**Anthony DeCristofaro
10 Berkeley Court
Hamden, CT 06518**