

Arlington Boys & Girls Club
60 Pond Lane
Arlington, MA 02474
781-648-1617

SWIM TEAM APPLICATION

Name _____

Address _____

Phone Number _____

Date of Birth _____

Age (as of September 1, 2019) _____

E-mail _____

Parent/Guardian Name _____

Parent/Guardian Name _____

In order to apply for the swim team, applicants must have a current Club membership through February 2020.

Fee: **\$300.00**

Check ___ Credit Card # _____

Expiration date: _____, Name on Card _____

Please check one

121081 A1 6-10 swimmer 5:15-6:15 PM Practice begins Tuesday October 1st

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121082 A1 11-17 swimmer 6:00-7:15 PM Practice begins Tuesday October 1st

Photo Release:

I hereby give my permission for photographs and videos depicting my child, to be taken and used exclusively at the Arlington Boys & Girls Club, on social media and in printed materials including the seasonal brochure and the local newspaper.

Signature _____ ***Date*** _____

I hereby give permission for my child to join the Arlington Boys & Girls Club Swim Team and acknowledge that my child is fit and capable of participating in this activity. I waive all rights and claims against the Arlington Boys & Girls Club, Inc., its Board of Directors or staff for all damages or injuries, which may occur while my child participates in this Club sponsored activity.

Signature _____ Date _____

**APPLICATIONS WILL BE PROCESSED ON A FIRST COME, FIRST SERVE BASIS.
APPLICATIONS DUE NO LATER THAN SEPTEMBER 11TH 5:00 PM**