

2025 Brookwood Barracuda Swim Team Registration Form

Please complete this form and return with the registration fee of \$85 per swimmer. We are also offering a Limited Swim Team Membership. This means your child can NOT use our pool during business hours, but would like to join only our swim team. Limited Swim Team Membership is \$200 per child. Each registered swimmer will receive a team shirt and swim cap as part of their registration fee. Make checks payable to Brookwood Pool. Mail swim team registration, pool membership form (if not yet completed) and check to: Brookwood Pool, PO Box 863, Clemmons, NC 27012

****TO PARTICIPATE ON BROOKWOOD'S SWIM TEAM, YOU MUST BE A PAID MEMBER OF BROOKWOOD POOL.****

Swimmer #1 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/25 _____ Birthday _____ Junior Barracudas Yes ___ No ___

Swimmer #2 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/25 _____ Birthday _____ Junior Barracudas Yes ___ No ___

Swimmer #3 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/25 _____ Birthday _____ Junior Barracudas Yes ___ No ___

Swimmer #4 _____ T-Shirt: YS YM YL AS AM AL AXL AXXL

Male ___ Female ___ Age on 6/1/25 _____ Birthday _____ Junior Barracudas Yes ___ No ___

Parent's Names: _____

Address: _____

Phone Number: _____ Email: _____

Phone Number: _____ Email: _____

My Child/ren has/have permission to participate on the Brookwood Pool Swim Team. He/she is in good physical condition. In case of emergency, I authorize calling an ambulance to transport my child/ren to the hospital for necessary treatment at my expense. I understand that the best possible supervision will be provided for my child/ren, but Brookwood Pool, and the governing swim league will not be held responsible for accidents that may occur. **I also understand that each parent must volunteer to work at least two swim meets.**

Parent's Signature: _____ Date: _____