



**City of Myrtle Beach
Cultural & Leisure Services Department
Recreation Division
Hurricanes Swim Team Registration Form**



Name of Swimmer: _____

Date of Birth: _____ Age _____

Street Address: _____ City/State/ZIP: _____

Grade: _____ School: _____ Sex (please circle): M or F

Home Phone #: _____ T-Shirt Size: _____

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

Father's Work #: _____ Father's Cell #: _____

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

Mother's Work #: _____ Mother's Cell #: _____

Medical Conditions: _____

****If you would like to participate in these activities and need disability related accommodations, contact Blake Givens at 918-2285.**

Hurricanes Swim Team practices will be held at Canal Street Recreation Center.

Annual Registration Fee: \$15.00 for City Residents / \$25.00 for Non-City Residents

Monthly Fee: \$30.00 for City Residents / \$50.00 for Non-City Residents

Comments/Requests made upon approval: _____

THIS PORTION TO BE COMPLETED BY RECREATION STAFF

___ City Resident ___ Non-City Resident ___ Received Handbook

___ Registration ___ Receipt Attached

Cash or Check # _____

___ September Dues

___ Fall Dues

___ Insurance statement is signed and attached to this registration form.