



**SWIM TEAM REGISTRATION FORM**

**Gulfport Yacht Club**

PO BOX 600

**Gulfport, MS 39502**

Fax 228-863-9843 [gyc.frontdesk@gmail.com](mailto:gyc.frontdesk@gmail.com)

**WHAT LEVEL? SKIMMER (3-4yr) JUNIOR (5-8yr) SENIOR (9yr & up)**

**\*SWIMMER NAME:** \_\_\_\_\_  
Last First

**\*GYC SPONSOR – NAME/RELATION \_\_\_\_\_ GYC# \_\_\_\_\_**

**\*Email Address:** \_\_\_\_\_

**\*HOME ADDRESS:**  
\_\_\_\_\_  
Street City State Zip

**\*DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_**

**\*Who should we contact in case of an emergency?**

\_\_\_\_\_  
Full Name Relationship Phone Number

Does the swimmer have any allergies/learning/physical disabilities & medical conditions that would prevent them from fully participating in this course? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT INFORMATION:**

Fee for Skimmer: \$145 \$ \_\_\_\_\_

Fee for Junior \$145 \$ \_\_\_\_\_

Fee for Senior: \_\_\_\_\_

Ages 9-10yr \$70 \$ \_\_\_\_\_

Ages 11-14yr \$10 \$ \_\_\_\_\_

Ext. Family/GYA Fee/Reciprocal Fee

Non-Member Fee(Additional) \$50.00/Family

**Total \$ \_\_\_\_\_**

Payment:

Charge GYC Account (Member Name) \_\_\_\_\_ GYC# \_\_\_\_\_

**All Non Members must pay by credit card for Tiki Bar Charges**

**NO CASH ACCEPTED**