

Frank Hobbs Elementary School Swim Team

I give permission for my child _____
to participate in the Frank Hobbs Swim Team

Grade: _____

Teacher: _____

Included is:

- My completed PCS FAST Program Registration Form
- My completed Swim BC Consent Form

Please provide a contact email address and phone number:

Email _____

Phone _____

These will only be used by the team coordinator to provide parents with scheduling information, swim meet details or to announce upcoming team events.

Parent/Guardian Name _____

Signature _____

Please let us know what size T-shirt your child would like.

Shirt size:

Youth SM _____ Youth MED _____ Youth LG _____

Adult SM _____ Adult MED _____ Adult LG _____

Please return this form along with your payment and other registration forms to the school office, the Team Coordinator, or Teacher Contact.

**PLEASE PAY YOUR FEE OF \$95.- ONLINE AT THE FRANK HOBBS PAC WEBSITE <https://fhspac.wordpress.com>
PAYMENT MUST HAVE BEEN MADE BEFORE THE FIRST SWIM PRACTICE ON OCTOBER 12.**