



## SWAG Program Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### Education

Grade Level: \_\_\_\_\_ School Name: \_\_\_\_\_

Hobbies /Interest: \_\_\_\_\_

Program Expectations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Time Commitment & Program Fees

Participant agree to commit to a full 8 weeks? YES ☐ NO ☐

Participant will be on time every Saturday? 9:00AM-1:00PM YES ☐ NO ☐

T-Shirt Size: S M L XL XXL 3XL Boys or Men

**Program Fee \$75.00 is required to hold slot - No Exceptions**

### Disclaimer and Signature

Application is not complete nor accepted until the **Parental Waiver & Release** Form is completed and signed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_