

2009 SPRING LAKE SWIM TEAM REGISTRATION

Child's Name: _____

Age: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Emergency Contact: _____ Phone: _____

Email Address: Must provide contact for coaching staff _____

Any known allergies, medications or medical problems: _____

*MUST be able to swim one lap of the pool

*Program begins Monday, June 22nd; Monday - Thursday Practices

*Program held @ North End Pool

Spring Lake Residents Fee - \$100 Non-Residents Fee - \$200

Cash _____ Check # _____

Signature: _____ Date: _____

Please check if interested in purchasing a swim suit _____ size _____

NOTE: NO REFUNDS WILL BE ISSUED