

# 2010 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 28, 2010** 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**