Checklist for completed registration:

\_\_\_ Family membership at SSA for the current season

\_\_\_ Registration form is completed and returned

\_\_\_ Medical Release form is completed and returned

\_\_\_ Payment is made for all swim team fees

**Please Print Legibly**

Parent or Guardian:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (essential for communication with coaches): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agreement**

The swimmer /swimmers listed below has/have my permission to participate in all practices and competitions without restriction at the discretion of the coach. I understand that swimming on the team is a privilege that may be lost if my child is behaving in an unsafe manner and/or is uncooperative at practices or meets. I also understand that I need to fulfill my requirement of volunteering in at least 3 swim meets per season (per family) for my child(ren) to remain eligible to swim at meets.

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

|  |  |  |
| --- | --- | --- |
| **Swimmer** | **Sex** | **Birthdate (month/day/year)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |

**Registration Fee:**

$65 for the first swimmer, $40 for each additional swimmer with a maximum of $145 per family for swimmer costs (ribbon fees are additional and not included in the maximum of $145) $\_\_\_\_\_\_\_\_\_

Ribbon Fee $10 x number of swimmers $\_\_\_\_\_\_\_\_\_

Payment method: \_\_\_\_\_Cash \_\_\_\_\_Check Total $\_\_\_\_\_\_\_\_\_