



Swim Team Enrollment Form
2026 Swim Team Membership Fees

SPRING (4/13-5/20)		
Child	Member	Non-Member
1	\$250	\$350
2	\$310	\$420
3	\$370	\$490
3+	\$60/child	\$70/child

SPRING TOTAL:

SUMMER (6/8-8/7)		
Child	Member	Non-Member
1	\$350	\$450
2	\$440	\$550
3	\$530	\$650
3+	\$90/child	\$100/child

SUMMER TOTAL:

FALL (9/14-10/28)		
Child	Member	Non-Member
1	\$250	\$350
2	\$310	\$420
3	\$370	\$490
3+	\$60/child	\$70/child

FALL TOTAL:

We accept Visa, Master Card, Discover, Amex, check, or cash.
Please make checks payable to "Southampton Swim Club"

Child's Name	Age	Returning Swimmer

Swim Club Member (circle one): Yes No

Parent/Guardian Name(s): _____

Address: _____

Cell Phone: _____ e-mail address: _____

Emergency contact: _____ Phone: _____

Parent Signature _____ Date _____

Indicate your practice session preference (1st choice, 2nd choice). Please note practice times are allotted on a first come first serve basis with members having priority.

Spring / Fall (M/W pm): 4-4:45 _____ 4:45-5:30 _____ 5:30-6:30 (12+) _____

Summer (M-F am): 7:45-8:30 _____ 8:30-9:30 (12 & up) _____ 9:30-10:15 _____ 10:15-11:00 _____ 11:00-11:45 _____



SHARKS SWIM TEAM

The Sharks Swim Team Coaching Staff is asking for some important information about your child's health. If there are any issues/ health risks we should be aware of, please let us know. This information will be kept confidential between coaches, but in an unlikely event of an emergency we need to know a little more about your swimmer. Please fill out the following questionnaire and feel free to contact us with any applicable information.

Thank you, Sharks Coaches

Family Name _____

Child's Name _____

Please mark all that apply, give explanation for any/all "yes"

- () Asthma; () Seizures; () Allergy to insect bite; () Allergy to bee sting;
() Peanut Allergy ; () Other food allergy; () Diabetes;
() high or low blood sugar condition; () Other
() worries or concerns about swimming

Explanation _____

Child's Name _____

Please mark all that apply, give explanation for any/all "yes"

- () Asthma; () Seizures; () Allergy to insect bite; () Allergy to bee sting;
() Peanut Allergy ; () Other food allergy; () Diabetes;
() high or low blood sugar condition; () Other
() worries or concerns about swimming

Explanation _____

Child's Name _____

Please mark all that apply, give explanation for any/all "yes"

- () Asthma; () Seizures; () Allergy to insect bite; () Allergy to bee sting;
() Peanut Allergy ; () Other food allergy; () Diabetes;
() high or low blood sugar condition; () Other
() worries or concerns about swimming

Explanation _____

Child's Name _____

Please mark all that apply, give explanation for any/all "yes"

- () Asthma; () Seizures; () Allergy to insect bite; () Allergy to bee sting;
() Peanut Allergy ; () Other food allergy; () Diabetes;
() high or low blood sugar condition; () Other
() worries or concerns about swimming

Explanation _____