



## Summer Swim Team Enrollment Form

2020 Summer Swim Team Membership Fees

| <u>Children</u> | <u>Member</u> | <u>Non-Member</u> |
|-----------------|---------------|-------------------|
| 1               | \$220.00      | \$240.00          |
| 2               | \$310.00      | \$340.00          |
| 3               | \$400.00      | \$440.00          |
| 3+              | \$90.00*      | \$100.00*         |

\*three child fee plus this amount for each additional child.

We accept Visa, Master Card, Discover, Amex, check, or cash.

Please make checks payable to "Southampton Swim Club".

|    | name  | M/F | age   | return swimmer | health issues |
|----|-------|-----|-------|----------------|---------------|
| 1. | _____ | ___ | _____ | _____          | _____         |
| 2. | _____ | ___ | _____ | _____          | _____         |
| 3. | _____ | ___ | _____ | _____          | _____         |
| 4. | _____ | ___ | _____ | _____          | _____         |
| 5. | _____ | ___ | _____ | _____          | _____         |

Swim Club Member (circle)      Yes      No

Parent's Name(s): \_\_\_\_\_

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

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

e-mail address: \_\_\_\_\_

secondary email: \_\_\_\_\_

( ) Please check if e-mail is NOT a reliable means of communication for you

Emergency contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate your practice session preference (1<sup>st</sup> choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice, 4<sup>th</sup> choice). Please note practice times are allotted on a first come first serve basis with members having priority.

7:45-8:30 (lanes 1, 2, 3 ONLY) \_\_\_\_\_ 8:30-9:30 (12 & up ONLY) \_\_\_\_\_

9:30-10:15 (lanes 1, 2, 3 ONLY) \_\_\_\_\_ 10:15-11:00 (10 & up ONLY) \_\_\_\_\_ 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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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