



## Southampton Sharks Fall Swim Program 2017

August 29, 31 September 5, 7, 12, 14, 19, 21, 26, 28, October 3, 5, 10, 12

<u>Children</u>	<u>Member</u>	<u>Non-Member</u>
1	\$120.00	\$140.00
2	\$180.00	\$210.00
3	\$240.00	\$280.00
3+	\$60.00*	\$70.00*

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

	name	M/F	age	return. swimmer
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Swim Club Member (circle)      Yes      No

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

Address \_\_\_\_\_

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

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

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

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

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

TOTAL AMOUNT DUE FOR **FALL** SWIM \_\_\_\_\_

**\*\*Questionnaire on the back\*\***

What are your goals for your swimmer during fall swim?

What are your swimmer's goals for fall swim?

Please describe any health or behavioral issue the coaching staff should be aware of: