



Southampton Sharks Fall Swim Program 2018
 August 28, 30 September 4, 6, 11, 13, 18, 20, 25, 27 October 2, 4, 9, 11

<u>Children</u>	<u>Member</u>	<u>Non-Member</u>
1	\$130.00	\$150.00
2	\$190.00	\$220.00
3	\$250.00	\$290.00
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: