



Southampton Swim Club Swim Team Enrollment Form

2017 Swim Team Membership Fees

<u>Children</u>	<u>Member</u>	<u>Non-Member</u>
1	\$190.00	\$210.00
2	\$280.00	\$310.00
3	\$370.00	\$410.00
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 e-mail: _____

() 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 (1st choice, 2nd choice, 3rd choice, 4th 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) _____



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 _____
