

## 2010 INWOOD SHARKS SWIM TEAM REGISTRATION – FORMER RESIDENT

**PLEASE NOTE THAT YOUR FAMILY MUST BE A FORMER MEMBER OF THE INWOOD SWIM CLUB NOW RESIDING IN A NEIGHBORHOOD THAT DOES NOT HAVE A SWIM TEAM IN ORDER TO PARTICIPATE ON THE SHARKS SWIM TEAM. PARTICIPATION ON THE SWIM TEAM LIMITS USE OF THE POOL TO TEAM PRACTICES, TEAM EVENTS AND MEETS ONLY. NON-RESIDENT SWIM TEAM MEMBERS MUST ADHERE TO THE VISITOR GUIDELINES AS OUTLINED IN THE INWOOD SWIM CLUB HANDBOOK.**

PARENT/GUARDIAN INFORMATION								
	Name	Home Phone	Cell Phone	Email Address***				
Mother								
Father								
Alt Emergency Contact								
Address: _____								
Street			City			Zip		
<b>***Email is our primary form of communication. Please provide your most viable email address</b>								
SWIMMER INFORMATION								
(Swimmers must be between the ages of 5 and 18 and be able to demonstrate the ability to swim unassisted within the first two weeks of practice.)								
Last Name	First Name	MI	M/F	Birth Date/Age as of 6/1/10	Yr-Round Swimmer Y/N	Registration Fee	Sub-Total	
						<b>\$130.00</b>	\$	
						<b>\$120.00</b>	\$	
						<b>\$120.00</b>	\$	
						<b>\$110.00</b>	\$	
						<b>\$110.00</b>	\$	
Season Kick-Off Party & Swim, Sunday, May 16, 4-7pm at the Pool							Number Attending _____ x \$4.00	
							\$	
							<b>Registration Total</b>	
							\$	
SWIM TEAM T-SHIRTS								
(Please enter quantity in corresponding size column)								
Size	Small	Medium	Large	X-Large	XX-Large	Unit Cost	Total	
<b>Youth T-Shirt</b>				NA	NA	<b>\$10.00</b>	\$	
<b>Adult T-Shirt</b>						<b>\$10.00</b>	\$	
<b>Adult Tank</b>						<b>\$10.00</b>	\$	
							<b>T-Shirt Total</b>	
							\$	
							<b>SWIM SEASON GRAND TOTAL (Registration + T-Shirt )</b>	
							\$	

Make check payable to the Inwood Swim Team and return it along with this form, the Parent Volunteer form and the Parental Approval form to the Inwood Front Gate Guard **NO LATER THAN April 3, 2010.** PLEASE NOTE: NO REFUNDS WILL BE MADE AFTER MAY 26, 2010. Refunds prior to May 26th will be prorated as necessary.

**For Team Treasurer Use:**

Date Received:	Amount:	Entered on Roster:
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