

2010 INWOOD SHARKS SWIM TEAM REGISTRATION

PLEASE NOTE THAT YOUR FAMILY MUST BE A MEMBER IN GOOD STANDING OF THE INWOOD SWIM CLUB IN ORDER TO PARTICIPATE ON THE SHARKS SWIM TEAM.

PARENT/GUARDIAN INFORMATION								
Relationship to Swimmer	Name	Home Phone	Cell Phone	Email Address***				
Alt Emergency Contact								
Address: _____								
Street			City			Zip		
***Email is our primary form of communication. Please provide your most viable email address								
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	
						\$100.00	\$	
						\$95.00	\$	
						\$90.00	\$	
						\$85.00	\$	
						\$80.00	\$	
Season Kick-Off Party & Swim, Sunday, May 16, 4-7pm at the Pool							Number Attending _____ x \$4.00	
							\$	
							Registration Total	
							\$	
SWIM TEAM T-SHIRTS								
(Please enter quantity in corresponding size column)								
Size	Small	Medium	Large	X-Large	XX-Large	Unit Cost	Total	
Youth T-Shirt				NA	NA	\$10.00	\$	
Adult T-Shirt						\$10.00	\$	
Adult Tank						\$10.00	\$	
							T-Shirt Total	
							\$	
SWIM SEASON GRAND TOTAL (Registration + T-Shirt)								\$

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 Paid:	Entered on Roster:
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