

FSC-LEBY Swim Team Winter 2011-2012 REGISTRATION FORM

1st swimmer information

LAST NAME _____ FIRST NAME _____ INITIAL _____

BIRTHDATE _____ AGE AS OF DECEMBER 1st _____

TEE SHIRT SIZE _____ DESIRED PRACTICE GROUP _____

DESCRIBE SWIMMING
EXPERIENCE _____

PARENT EMAIL ADDRESS _____

2nd swimmer information

LAST NAME _____ FIRSTNAME _____ INITIAL _____

BIRTHDATE _____ AGE AS OF DECEMBER 1st _____

TEE SHIRT SIZE _____ DESIRED PRACTICE GROUP _____

DESCRIBE SWIMMING
EXPERIENCE _____

PARENT EMAIL ADDRESS _____

(ADDITIONAL SWIMMER INFORMATION ON REVERSE SIDE)

Please mark how many swimmers you're registering in each group below.

YMCA Family Member	Training Group	Single Youth Member
180	Red (1hr. M,W,F) BEG.	250
255	White (1hr. M-F) INT.	325
380	Blue (2hrs. 6 practices/wk) ADV.	450
125	High School	175

High School rates apply ONLY to swimmers who will be training with their High School Team

This year we will be having the option to all swimmers to register with USA Swimming. The cost for a full year of registration is \$170 per swimmer in addition to their team registration. Discounts do not apply to this rate and it must be paid in full upon registration. USA Swimming fee will increase after October 1st

10% Discount for 2nd child and every child thereafter.

USA Swimming registration \$ _____ (OPTIONAL)

Total amount of discount. \$ _____

Total amount of registration. \$ _____

Total amount of deposit. \$ _____

Total balance due. \$ _____

PARENT/GUARDIAN INFORMATION

NAME _____

ADDRESS _____

CITY _____ ZIP _____

DAYTIME PHONE (_____) _____

EVENING PHONE (_____) _____

CELL PHONE () _____ / _____

E-MAIL ADDRESS _____

Which number is the best way to contact someone? Check one HOME CELL

MEDICAL INFORMATION

DOCTOR'S NAME _____

DOCTOR'S PHONE (_____) _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE (_____) _____

MEDICAL CONDITION/ALLERGIES _____

MEDICATION NEEDED _____