SEAHAWKS SWIMMER INFORMATION SHEET

2016 - 2017 Season

Submit separate sheet for each swimmer for verification of age, eligibility, and to be covered by USA Swimming insurance.

Please highlight any information that has changed for returning swimmers! **Registration forms due Thursday, September 8th**

Circle one: New swimmer Returning swimmer (1st year this swimmer joined the Seahawks _____)

Sessions available: choose your first and second choice

1st Choice: _____ 2nd Choice: _____

- **2 day – Monday & Thursday (New Swimmers Only)** **2 day – Tuesday plus Wednesday or Friday (Returning Swimmers- Circle Wed or Fri)**
  - This is required for all 8 and under 1st year swimmers
  - $190 per swimmer
- **3 day – Monday, Tuesday and Friday OR Tuesday, Wednesday and Thursday**
  - Swimmers will need to select one of the 2 options.
  - $280 per swimmer
- **5 day – Monday-Friday**
  - This will be restricted to, returning swimmers, 9 years or older who are committed to notching up their competitive swimming.
  - The Wed & Friday practices will be more advanced technique training. Limited to 15 swimmers.
  - $490 per swimmer

Swimmer **Full** Name:_____ _____ _____

first middle (***must have**) last

Preferred Name _____ Birth date: ____ / ____ / ____

☐ New swimmers must submit a **photocopy of a birth certificate** as verification of age.

School attending: _____ Age: _____

Parents/guardian name: _____

Address: _____

_____

Home Phone: _____ Cell Phone _____Work Phone:_____

Primary email address: _____

Alternative emergency contact person / their relationship to you

Name: _____ Relationship: _____e.g. aunt, uncle, friend, neighbor

Phone Number: _____ Alternate Number_____

*Your physician &/or medical clinic: _____

*Phone number: _____

*Medical Insurance Company _____

*Medical Insurance ID number _____

*Are there any conditions of which the coach should be aware? (medical, physical, behavioral, etc.)

_____

_____

_____

In case of an injury, I give permission for emergency medical care to be provided for my child.

Parent/guardian signature: _____Date:_____

Please Check the Box-

☐ As a parent of a swimmer I acknowledge and understand the rules and will review these rules with my swimmer