

SEAHAWKS SWIMMER INFORMATION/REGISTRATION SHEET for 2022 - 2023 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 opens on Tuesday, Sept. 7th from 6:00-6:30pm new parents 6:30-8 PM returning swimmers and reopens on Thursday, Sept. 9th from 6:00-6:30pm new parents & 6:30-8 PM returning swimmers at the All-Seasons Center

Last date to register is Thursday, September 8th at 8 PM *An additional \$100.00 fee will be added to late registration entries*

Circle one: **New swimmer** – 8 & Under swim on Monday & Thursday

– 9 & over may swim two or three days, choose: Monday, Tuesday, or Thursday

Returning swimmer – Choice of 2-, 3-, 4-, or 5-day option (only 11 and older can choose the 4- or 5-day option)

*Space may be limited – adjustments may need to take place following registration

Additional \$76.00 USA member fee paid on registration night

FALL/WINTER PRACTICE COST: 2 day is \$230, 3 day is \$345, 4 day is \$460, 5 day is \$575 ***All sign ups for days are final – no switching***

PRACTICE TRIAL: Swimmers come Sept. 19, 20, 22, 26, 27, 29 and Oct. 3 to determine “fit” to decide to be part of the team

Cost is \$75 which can be applied to total.

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: _____

Secondary email address (if applicable): _____

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 any/all Boxes:

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

Seahawk Swim Team has my permission to take photos of my swimmer and put in newspaper and or Facebook – **circle Yes or No**

For Office Use Only:

Swimmer is signed up for the following days of the week: Monday Tuesday Wednesday Thursday Friday