TEAM SUFFOLK/HALF HOLLOW HILLS SWIM CLUB

3 St George Court, Melville, NY 11747

2011/2012 SWIMMER REGISTRATION SHEET

Swimmer Info

Last Name, First Name Middle Init

Birthdate (MM/DD/YY) *Age* *M/F* *Athlete Email Address*

Primary Contact Info - Used for last minute updates, emergencies and our team phone directory

Parent/Guardian Name(s)

Home Mailing Address *City, State, Zip Code*

Home Phone # *Emergency Phone #* *Cell Phone #*

Parent Email Address

Parental Agreement

- ***Initial check of $800 per swimmer, registration form and medical release form are due by mail by August 26th – swimmers will not be allowed in practice without payment.**
- It is understood that dues are to be paid in full by November 30, 2011.
- No refunds will be considered for any reason.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____