SEAHAWKS SWIMMER INFORMATION SHEET

2019 - 2020 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 5th**

***An additional $100.00 fee will be added to late registration entries.**

Circle one: New swimmer Returning swimmer (The 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
  - $200 per swimmer
- **3 day – Monday, Tuesday and Friday OR Tuesday, Wednesday and Thursday (Circle session)**
  - Swimmers will need to select one of the 2 options.
  - $300 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.
  - $550 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. Seahawk Swim team has my permission to take photos of my swimmer and put in newspaper and or Facebook – circle Yes or No