



2019 South Putnam Summer Swim Team Registration



Parent/Guardian Information:

Name: _____

Phone: _____ Email: _____

Address: _____

Swimmer(s) Information:

NAME: _____ AGE: _____

SHIRT SIZE: _____ SWIMSUIT SIZE: _____

NAME: _____ AGE: _____

SHIRT SIZE _____ SWIMSUIT SIZE _____

SIBLING DISCOUNT (\$5/additional child): _____

TOTAL COST: _____

Amt Paid	Cash	Check #

Waiver

In consideration of the foregoing, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against this organization, its members, both individually and as a group for any and all claims of damages, demands, or actions whatsoever that may arise as a result of my child's participation in this program. I attest that my child is physically fit and has been released to participate (if under a doctor's care). I understand that there are no prorated fees, and that I am financially responsible for the non-refundable fees outlined above.

Signature: _____ Date: _____

PRACTICE TIMES:

Tuesdays, Wednesdays & Fridays
May 20-31: 3:30-4:30pm
June 3-28: 12:15-1:15pm

COMPETITION:

Our goal is to have at least three meets during the season, including one in our home pool. Saturday, June 15th we will attend the MCST Sprint meet at Cascade; information regarding other meet dates will be forthcoming.

COMMUNICATION:

Please sign up for our REMIND class by texting @sumswi to 81010.