

**SMOKEY ROW SWIM TEAM**  
**2014 REGISTRATION FORM**  
**(Members Only)**

**Please complete one form per child**

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HOW MANY YEARS HAS CHILD BEEN SWIMMING? \_\_\_\_\_

HAS CHILD HAD SWIM LESSONS? \_\_\_\_\_ HOW LONG? \_\_\_\_\_

NUMBER OF CHILDREN FROM YOUR FAMILY ON THE SWIM TEAM \_\_\_\_\_

TEAM SWIM SUIT OR T-SHIRT NEEDED? Yes \_\_\_\_\_ No \_\_\_\_\_ Size \_\_\_\_\_

ALL PRACTICES ARE MONDAY, WEDNESDAY & FRIDAY MORNINGS BEGINNING 6/2/14  
AGES 11-12, 14-14 9:00-9:45/AGES 7-8, 9-10 **9:45-10:30**/AGES 6 & UNDER **10:30-11:00**; EVENING  
PRACTICE TIME TBA; SWIM MEETS ON TUESDAY AND THURSDAY EVENINGS BEGINNING 6/10/14

Membership fee is \$110.00 for the first child and \$100.00 for each additional child from the same family. Fee covers payment to coaches, ribbons for each meet, end of season trophy, swim team party (pool rental and pizza), practices, 7 scheduled regular swim meets and 2-day Metro Invitational entrance fee.

Please make check payable to: **SMOKEY ROW FAMILY SWIM CLUB, INC.**

I have received a copy of the Rules and Regulations of the Smokey Row Family Swim Club. By signing below, we agree to abide by the established rules of the Smokey Row Swim Team. I understand that the Smokey Row Family Swim Club and the Smokey Row Swim Team have the right to develop new rules and regulations as situations develop and arise.

I hereby release and discharge Smokey Row Family Swim Club, Managers, Lifeguards and any of its other employees and agents as well as the Smokey Row Swim Team and its Coaches from any and all damages, claims and liability arising from or connected with the use of this recreational facility known as Smokey Row Family Swim Club by myself, my family and/or guests.

**Mail to: Smokey Row  
Family Swim Club, Inc.  
4255 E. 146<sup>th</sup> Street  
Carmel, IN 46033**

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Or: Return to Smokey Row Family Swim Club check in counter during regular hours.**

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FOR SWIM CLUB USE ONLY:

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_