

**SMOKEY ROW FAMILY SWIM CLUB, INC.**  
**2017 SWIM TEAM-ONLY APPLICATION**

(Not for Pool Members)

**SWIM TEAM MEMBER'S NAME:** \_\_\_\_\_

Parents' Names \_\_\_\_\_ Child's Age \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_

**PARENT(S) WORK PHONE:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_  
(We will not sell or release your e-mail address to anyone outside of Smokey Row Family Swim Club)

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 5/31/17  
AGES 11-12, 13-14 **9:00-9:45** / AGES 7-8, 9-10 **9:45-10:30** / AGES 6 & UNDER **10:30-11:00**  
SWIM MEETS ON TUESDAY AND THURSDAY EVENINGS BEGINNING 6/6/17

Swim Team-only membership fee is \$195.00 for the first child and \$185.00 per child for any additional children from the same family. This membership allows child(ren) access to the pool during swim team practice, swim meets and swim team parties only. Fee covers payment to coaches, ribbons for each meet, practices, 7 scheduled meets and 2-day invitational, invitational fees, end of season trophy and swim team party (pool rental and pizza).

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

I have or will receive a copy of the Rules and Regulations of the Smokey Row Family Swim Club, Inc. By signing below, I agree to abide by the established rules. I understand that new rules and regulations may develop as situations arise.

I hereby release and discharge Smokey Row Family Swim Club, Inc., Midas Mike Indiana, LLC, and any employees or agents of Smokey Row Family Swim Club, Inc. from any and all damages, claims and liability arising from or connected with the use of the recreational facility operated by Smokey Row Family Swim Club, Inc. by myself, my family and / or guests.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

\*if you register by mail, your membership cards and a copy of the Rules and Regulations can be picked up at the check-in counter of the clubhouse during normal business hours.

**Mail to: Smokey Row Family Swim Club, 4255 East 136<sup>th</sup> Street, Carmel, IN 46033**

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FOR CLUB USE ONLY: Check # \_\_\_\_\_ : Date received: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Membership Type: \_\_\_\_\_