

SMOKEY ROW SWIM TEAM
2020 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 6/1/20 through 6/26/20
AGES 11-12, 13-14 10:00-10:45/AGES 9-10 10:45-11:15/AGES 7-8 11:15-11:45; Possible Dual Meets at the end of
June

Membership fee is \$80 for each child.

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. 136th Street
Carmel, IN 46033**

SIGNATURE _____

DATE _____

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

FOR SWIM CLUB USE ONLY:

Check # _____ Amount \$ _____ Date _____