

Swarm Swimming Team School Year 2021-22

Participation Information

Participant Name: _____ Date of Birth: _____ Sex: _____

Participant Name: _____ Date of Birth: _____ Sex: _____

Participant Name: _____ Date of Birth: _____ Sex: _____

Participant Name: _____ Date of Birth: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Mobile: _____

E-mail Address: _____

Emergency Information

Parent/Guardian Name: _____

Secondary Emergency Contact: _____

Telephone: _____ Mobile: _____ Relationship: _____

Medical Information

Do any of the participants have any medical condition the instructor should be aware of? (For example, diabetic or suffers from seizures) Circle one: YES NO

If yes, please explain: _____

Fee information

Gold Group 6:45 to 7:45 \$100

Silver Group 6:00 to 6:45 \$80

Second Child either group \$50