

Swim Team Registration Form

To participate on the swim team, the swimmer must be at least 5 years of age as of June 25th, 2018, and be able to pass the required skill test.

Member Name: _____

Member Number: _____

****Please be aware there will be an \$80 fee billed to your account for each athlete on the team roster. This includes a swim cap and end of the year banquet for the swimmer.**

Swimmer's Name	Age on June 25 th 2018

Parent/ Guardian: _____

Phone Number: _____ Email: _____

(This number and email address will be used for practice cancelations and any notices needed to be made by the coaching staff)

Emergency Contact Name: _____

Emergency Contact phone number: _____

Please List any medical conditions or concerns the coaching staff should be made aware of:

I, _____ understand that neither Lancaster Country Club, nor anyone associated with the pool, including but not limited to the coaching staff, assumes responsibility for accidents, medical, dental or other expenses incurred as a result of participating on this club team. In case of emergency illness or injury, emergency treatment is authorized and will be completed by coaching staff.

Signature: _____

Practices are Monday through Thursday from 9:00am-10:30am with an optional Friday practice from 9:00 am- 10:30 am until the Championship Meet (date to be announced) .

First practice will be held on Monday, June 25th at 9:00am.

A parent meeting will be held on Thursday, June 28th at 10:30am, just after practice finishes.

If you have any further questions, please contact Phil Schneider (Aquatics Director/ Head Coach) via email: pschn1@brockport.edu