



# 2025 SWIM TEAM REGISTRATION FORM

*Please print clearly – coach will communicate via email*

CHILD'S NAME		AGE	A.M. PRACTICE 9:00 - 10:30	P.M. PRACTICE 4:30 - 6:00
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Member Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email (s) \_\_\_\_\_

In case of emergency, please contact: \_\_\_\_\_

Relationship to family: \_\_\_\_\_

Allergies? \_\_\_\_\_

### Team Swim Suit Size

Boy   circle one size	22	24	26	28	30	32	34	36
Girl   circle one size	24	26	28	30	32	34	36	38

T-Shirt Size	Child Size	Small	Medium	Large
	Adult Size	Small	Medium	Large

I acknowledge that participation in the Swim Team Program necessarily involves physical activity and, as such, the possibility of injury or death. I assume all risks and hazards incidental to the conduct of the swim program's activities. Furthermore, by accepting these risks, I, on behalf of myself and my minor child, hereby release, discharge, and hold harmless the Spring Lake Country Club, its officers, directors, members, employees, volunteers, agents, and any other representatives (collectively "SLCC") from any claims arising out of, or related to, any physical injury that may result due to my child's participation. I agree to indemnify, defend, save and hold harmless SLCC from and against any claims, liability, demand, obligation, cause of action, cost or expense, including without limitation reasonable attorneys' fees, made by my minor child, their representative, or their estate against SLCC.

Parent Signature

Date

Member #

*Member account will be charged \$185 per child registered*