



**Spring Hill Swim Club
2017 Swim and Dive Registration Form
2017 Participation Agreement**

Spring Hill Swim Club's team coaches are committed to making your swimmer/diver the best he or she can be, but are you committed to being here each week for practice and meets? We are counting on all kids being at each meet and giving it their all!

In order to make sure meets run smoothly, we need everyone's help. Each family will be required to work a minimum of two swim meets and/or two dive meets. Each week you will receive an electronic sign-up, listing the various volunteer positions. Positions will be filled on a first come- first serve basis.

By registering your child to swim and/or dive, you are committing them to weekly swim and/or dive meets; as well as, helping them pursue qualifying times (swimming) for City Meet.

Parent Signature: _____

Athletes

Athlete#1:

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: Male Female

T-shirt size: _____

Swim Team Only- \$120 Dive Only - \$120 Swim and Dive- \$200

Swim School: \$75 Jr. Spartans: \$75

Medical Conditions/Allergies: _____

Athlete #2

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: Male Female

T-shirt size: _____

Swim Only- \$75

Dive Only- \$75

Swim and Dive- \$130

Swim School: \$75

Jr. Spartans: \$75

Medical Conditions/Allergies: _____

Child #3

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: Male Female

T-shirt size: _____

Swim Only- \$50

Dive Only- \$50

Swim and Dive-\$100

Swim School: \$75

Jr. Spartans: \$75

Medical Conditions/Allergies: _____

Child #4

Last Name: _____ First Name: _____

Date of Birth: _____ Sex: Male Female

T-shirt size: _____

Swim Only- \$50

Dive Only- \$50

Swim and Dive-\$100

Swim School: \$75

Jr. Spartans: \$75

Medical Conditions/Allergies: _____

Parent Information

Father's Last: _____ Father First: _____

Mother's Last: _____ Mother's First: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Mother Cell: _____ Father Cell: _____

Email address that you would like as the source of communication (please print):

Emergency Contact: _____ Number: _____