

# SEBCO SWIM TEAM REGISTRATION

(Please type or print neatly)

					YS, YM, YL, AS, AM, AL, AXL	
Swimmer Name (Last, First)	M / F	Age as of 06/01/17	DOB	First Year Swimmer	T-shirt Size	Pants/Shorts Size

Parent / Legal Guardian (Mother) \_\_\_\_\_ Cell \_\_\_\_\_

Parent / Legal Guardian (Father) \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone Number for Reminders\* \_\_\_\_\_

Emergency Contact other than Parent \_\_\_\_\_ Cell \_\_\_\_\_

## Registration Fees

\$70 1st child/ \$40 each additional

# Swimmers	Total Due

## SEBCO Pool Association Fee (non season pass holders)

\$40 per swimmer (non members SEBCO)

# Swimmers	Total Due

Total Registration & Pool Association Fees	
Total Fees	_____
Check #	_____

SEBCO Season Pass Holder # \_\_\_\_\_

## Parent Participation Fee - \$75 per Family

Please make a separate check in the amount of \$75. This check will be held/not cashed and returned once you fulfill your participation duties.

(Participation and concession donations **required** at Home Meets)

Parent Participation Fees	
Participation Fee	\$ 75
Check #	_____

## Parent Participation Acknowledgement:

I have read the Parent Handbook and understand my commitment and required participation to the SEBCO Swim Team.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please make all checks payable to Sebco Swim Team**  
**There will be a \$20 charge for any returned checks.**