

Name		DOB	Current	Age	
Parents Name		Home Address			
Home Phone		Work Phone			
Cell Phone: Mom		Receive Texts	Yes	No	
Cell Phone: Dad		Receive Texts	Yes	No	
E-mail address: Mom	1				
E-mail address: Dad					
		nan Parents'			
List Any Medical or B	Behavioral Conditions of W	hich We Should Be Aware:			
Monday-Friday: May 13 - June 29 No practice on Memorial Day, May 27th			4:45 - 6:00		
No practice on May	30, June 4, June 11, Jun	e 18, June 25, June 29 due	to swim me	eets	
Member: 1st Ch	nild \$125.00	Non-Member:	<u>:</u> 1st (	Child	\$175.00

 1st Child
 \$125.00

 2nd Child
 \$100.00

 3rd Child
 \$75.00

 14-yrs & older \$60.00

<u>Non-Member:</u>

 1st Child
 \$175.00

 2nd Child
 \$150.00

 3rd Child
 \$125.00

 14-yrs & older
 \$110.00

Parent Signature			Date
Office Use:			
Date Paid	_Cash/Check	Credit Card	Charge Account