



Stingray Swim Team

2010 Application for Swim Team Membership

Participant's Name: _____

Age: _____ Gender: _____

Address: _____
City Zip

Home Phone: _____

Parent's Name: _____ Work Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Swimmer Agreement: I agree to call Brenda if I am unable to attend practice. I understand if I fail to call I will receive an unexcused absence. Receiving more than three unexcused absences will result in being excused from the team. I agree to participate fully at each practice. I will demonstrate good team spirit and respectful behavior at all times. I am committed to improving my own swimming ability and I will encourage teammates as they progress at their own pace. I understand that this program emphasizes skill development and physical fitness.

Participant's Signature: _____

Parent(s) Agreement: I give permission for my child to participate on the Boys & Girls Club Junior Stingray Swim Team. I understand practice is for coaches and swimmers only.

Parent Signature: _____

Stingray Swim Team

Practice: Monday 5:30-6:30, Tuesday and Thursday 4:00-6:00 pm beginning January 19.
Last Day: March 18
Cost: \$40
No Practice: February 15- President's Day