

STINGRAYS SWIM TEAM

2010 SEPTEMBER – OCTOBER

SESSION REGISTRATION FORM

Please Print

Swimmer's Name: _____ Age _____ DOB _____
Last First

Mother's Name: _____ Father's Name: _____
Last First Last First

Home Phone: _____ Work: _____
Cell: _____

Address: (Please include your zip code):

EMAIL ADDRESS: Coach Cece corresponds by phone AND EMAIL.

Parent(s) please complete by placing a check mark on the appropriate line:

My swimmer is an Advanced/Competitive Ray: _____
(Swims 500 yards or greater)

My swimmer is an Intermediate Ray: _____
(Swims unassisted, *best (not necessarily proper) swim* at least 200 – 500 yards)

My swimmer is a Beginner Ray: _____
(Swims unassisted, confidently at least one length of the pool (25 yards))

CROSSGATES STAFF PERSONAL PLEASE COMPLETE IN FULL:

Amount Paid: _____ Date: _____ Check #: _____

Cash: _____

CHARGE TO ACCOUNT #: _____ Staff initial: _____

When finished completing the front of this form in full, please turn over, carefully read the information on the back and sign. Registration and payment in full must be received by the beginning of your new swim session.

PLEASE BE AWARE – A NO REFUND POLICY IS IN EFFECT.

While in very rare cases – circumstances beyond our control happen and this does effect whether or not your swimmer can participate. Coach Cece understands. If this does happen - please contact Cece on her cell phone at 985-285-SWIM (7946) to discuss further.