



Summer 2008 Sea Wolves Swim Team Registration Form

Weekly e-mails will be sent throughout the season for updates and swim schedule changes.

Can we add your name to our team roster to be distributed to the team (failing to do this may result in not getting the most up to date information)? yes no

Swimmer(s) First and Last Name: _____

	First Name	M.I.	Birth Date	Age
Children's Info:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Parent's Names (Please Print): _____

Home Phone No.: _____ Office Phone No.: _____

Cell Phone No.: _____ e-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Are you a member of the facility? Yes No

Please circle the HealthPlex facility: Anderson Fairfield

TO BE COMPLETED BY HEALTHPLEX STAFF ONLY:

_____ Multiple Child Discount (10% for children of same family)

Please check how many of each age group/program you are choosing (pricing located in talking points and CSI)

_____ Blue Group (8 & Unders)
_____ Black Group (9 & 10s)
_____ Silver Group (11 -14 Year olds)
_____ Gold Group (Advanced 14 year olds and up)
_____ 1 PRACTICE PER WEEK GROUP - ALL AGES

_____ Cash

_____ Check

_____ Credit Card(MasterCard/Visa)

Name that appears on card: _____

Account# _____ Expiration Date: _____

_____ CTA(Charge Membership Acct) Account # _____

HEALTHPLEX STAFF SIGNATURE _____