



2018 Swim Team Registration

Participant Name: _____

Sex: _____ DOB: ___/___/___

Pre-competitive or competitive? _____

Youth Clothing Size _____

Participant Name: _____

Sex: _____ DOB: ___/___/___

Pre-competitive or competitive? _____

Youth Clothing Size _____

Participant Name: _____

Sex: _____ DOB: ___/___/___

Pre-competitive or competitive? _____

Youth Clothing Size _____

NEW to FSC? _____

Parent/Guardian(s) Names:

Phone Number: _____

Email Address: _____

Returning Team Members: please indicate if you have new contact information

FLOURTOWN SUMMER CAMP MEMBERS: if you're registering for four or more weeks of camp, swim team is available FREE of charge!

(OVER)

Swim Team Fee:

1st Team Member-\$60. _____

2nd Team Member-\$50. _____

Additional Team Members-\$40. _____

Total _____

(please use a separate check if also paying for Membership or Day Camp Registration)

FLOURTOWN SUMMER CAMP MEMBERS: if you're registering for four or more weeks of camp, swim team is available **FREE of charge!**

- The Competitive Program will be geared towards each swimmer's experience and ability, emphasizing stroke technique, endurance, and speed. Morning and evening practices offered during the season. **Participation in swim meets is expected!**
- The Pre-Competitive Program will be designed for those who can swim one lap in deep water confidently (any stroke). **(A pre-competitive evaluation will be held in the beginning of the season to determine if the participant is ready.)** The program will focus on technique, not endurance.
- **The coaches reserve the right to place a participant into either the competitive or pre-competitive program.**

Liability Waiver: I understand the Team/Club cannot be held responsible for any injuries to it's members and agree that each member will provide for, and pay the cost of his/her own medical care. I also certify that my child(ren) participating in this activity is in proper physical condition for this activity. Please initial__ In case of emergency I give permission to contact the nearest medical care available in order to apply such medical services as are necessary for the well being of my child(ren). This permission includes the authority to transport my child to a place where such medical care is available. Please initial__.

Please identify any medical conditions such as asthma, seizure disorder, etc.:

Parent / Guardian Signature:

Please mail registration to:

The Flourtown Swim Club
PO Box 155
Flourtown, PA 19031

Questions? Contact Flourtowngators@gmail.com. You will get an email by the end of May with updates and information from the coaches.