Please register for the clinic by selecting the appropriate clinic box below.
Please fill out one form per child.

Date: _____ **Club Membership#:** _____
Child's First Name: _____ **Last Name:** _____
Sex: _____ **Age:** _____
Address: _____
Parents Name: _____ **Email:** _____
Phone: _____ (Work)
_____ (Home)

Years Swim Team Experience _____
Most Recent Team _____

Session	Clinic	Time	Session Dates	Cost	Selected? (please check)	Total
1	Balance/Kicking	4:00-5:00PM	9/1-9/4 Tu-Fr	$40		
2	Freestyle	4:00-5:00PM	9/8-9/11 Tu-F	$40		
3	Backstroke/Free	4:00-5:00PM	9/14-9/17 M-Th	$40		
4	Breaststroke	4:00-5:00PM	9/21-9/24 M-Th	$40		
5	Butterfly	4:00-5:00PM	9/28-10/1 M-Th	$40		
6	IM	4:00-5:00PM	10/5-10/8 M-Th	$40		
Level 4&5	Training Session	5:00-6:15 PM	9/1-10/8	$250		
				TOTAL	**Qty:** _____	

FRONT DESK INSTRUCTIONS:
All payments must be entered into the register using Code# 549
Please staple receipt to the form and place it in the Aquatics Box.