

Pearl River

NAURAUSHAUN
SWIM CLUB

Swim Team Registration

PARENT'S NAME: _____ Membership #: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL (PLEASE PRINT CAREFULLY):

1. SWIMMER'S NAME: _____ shirt size: _____

D.O.B.: _____

SWIMMING LEVEL

◇NOVICE ◇BEGINNER ◇INTERMEDIATE ◇ADVANCED

WILL THEY SWIM IN THE SUMMER SWIM LEAGUE OF ROCKLAND COUNTY MEETS?

◇ "B" MEETS Wednesday MORNINGS

◇ "A" MEETS Saturday MORNINGS

◇ BOTH

2. SWIMMER'S NAME: _____ shirt size: _____

D.O.B.: _____

SWIMMING LEVEL

◇NOVICE ◇BEGINNER ◇INTERMEDIATE ◇ADVANCED

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◇ "B" MEETS Wednesday MORNINGS

◇ "A" MEETS Saturday MORNINGS

◇ BOTH

3. SWIMMER'S NAME: _____ shirt size: _____

D.O.B.: _____

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Amount Due: _____	Paid: _____	Check #: _____	Cash: _____
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