



BOYS & GIRLS CLUB
OF PAWTUCKET

Sharks Swim Team Registration Form October 2011 – March 2012

Name: _____
First Middle Last

Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Name of Person to Contact In Case of Emergency: _____

Phone Number: (____) _____ - _____ Relationship: _____

Other Number to Call in Case of Emergency: (____) _____ - _____

Any Known Medical Conditions: _____

Any Medication a Coach Should Be Aware Of: _____

Email Address: _____

New Member? Y N

Bathing Suit Size: _____

**The cost for Swim Team is:
\$150.00 for the first child, \$125.00 for each additional sibling**

Program fee covers 24 weeks of swim team participation.

**Swim team practices are held:
Monday – Wednesday: 5:30 – 6:30 pm & 6:30 – 7:45 pm.
Thursday: 5:30 – 7:00.
Meets are held on Saturdays and occasionally Sundays.**

For Office Use Only

Membership Current & Verified: Y N Verified By: _____

Paid: Amount: \$ _____