

Coppermine Swim Team Registration Form 2017

#	Name	Birth Date	Age as of 6/30/2017	Allergies/ Medical Concerns;
1				
2				
3				
4				

Parent's Names: _____

Contact Information:

Address: _____

Home#: _____ Cell#: _____

Other#: _____

Email(s): _____

Emergency Contact Information:

Name _____ Telephone# _____

#1: _____

#2: _____

I understand that every family will be expected to work a time slot at each of the 4 home meets and for 2 of the away meets and donate baked goods for home meets. If I can't make it to the assigned meets, then it is my responsibility to find a replacement (as well as notify the Swim Team Parent Reps of the change).

Parent/Guardian signature: _____ Date: _____

Fees:

CSC Member: \$120 per child x _____ = _____

Swim Team-Only Membership \$200 per child x _____ = _____

Swim caps: \$ 6.50 x _____ = _____

Snack Bar Contribution Fee: (\$20 per family) \$20.00 x 1__ = 20.00_

Total: _____

Total Paid: _____ Check#: _____

Please make checks payable to "Coppermine Swim Club"

Mail to: Mary Ellen Pestrichelli 934 Severin Drive, Bridgewater, NJ 08807