

Coppermine Swim Team Registration Form 2018

#	Name	Birth Date	Age as of 6/30/2018	Allergies/Medical Concerns
1				
2				
3				
4				

Parent Names: _____

Contact Information:

Address: _____

Home Phone#: _____ Cell#: _____

Other Phone#: _____

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 four (4) home meets and for two (2) of the away meets and donate baked goods for home meets. If I cannot 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: Caitlin Leclerc Matheson 1738 Merriam Drive, Martinsville, NJ 08836