



SWIM CLINIC REGISTRATION



Family Name: _____

Family E-Mail: _____

Swimmer's First Name	Date of Birth (mm/dd/year)	Age	Male or Female	\$25 per swimmer
Total Registration Fee				\$

Parent/Guardian Names: _____

Street Address: _____

City: _____ Zip code: _____

Home Phone Number: _____

Emergency Number: _____

Where did you hear about the 2 week Clinic? (circle one)

Swim Family	Newspaper	School Flyer	Website	Other
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Signature: _____

If a swimmer qualifies for the team, his/her group assignment will be posted on a list at the pool.

Fall / Winter registration dates will be September 27th & 28th.

Pool Locations: Stagg H.S. 8015 W. 111th St., Palos Hills, IL 60465
 Conant H.S. 700 E. Cougar Trail, Hoffman Estates, IL 60194