

## 2010 Swim Team Sign-up & Information Sheet



Please complete this entire form to enroll your child(ren) in the Lamar TigerSharks Swim Team for the 2010 Season. Team dues are the same as last year: \$30 for 1 swimmer; \$40 for 2 swimmers; \$50 for 3 or more swimmers. The Tri-State Swim Conference requires **every swimmer** to purchase insurance. This is \$10.00 per swimmer, no group discounts available.

We are using the same team suit as we've had for the last two years, and the same team swim cap as last year. You are not required to purchase either of these. However, **all Lamar TigerSharks are required to wear suits and caps in our team colors (red and black) at meets.** You may wear also previous years' Lamar TigerSharks team suits and/or caps. As a convenience to parents and swimmers, a team representative will have caps and goggles available for purchase at meets. We sell these at our cost, so they are usually a better price than the vendors at meets.

Every team member will receive a team T-shirt. Additional shirts for parents, grandparents, etc. may be ordered for \$10 per shirt. They will be the same design as last year, but on a white shirt.

The team practices are held at the Lamar Aquatic Park. Therefore, all swimmers are required to purchase a summer season pass by the first practice. Returning swimmers will begin May 24, 2010. New team members will begin June 1, 2010.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

Swimmer's First & Last Name (print)	Date of Birth (MM/DD/YY)	Current Age	T-Shirt Size	Female Suit Size	Male Suit Size	Team Cap \$10.00	Able to swim pool length? (y/n)	Tri-State Conf. Insurance	SubTotal
				\$26	\$25			\$10	
				\$26	\$25			\$10	
				\$26	\$25			\$10	
				\$26	\$25			\$10	
				\$26	\$25			\$10	
				\$25	\$25			\$10	

Adult T-Shirts, \$10 (please enter the quantity next to each size you wish to order)    \_\_\_ SM    \_\_\_ MED    \_\_\_ LG    \_\_\_ XL    \_\_\_ XXL

Total Amount Due:

**Parents are occasionally contacted for team purposes. We want to use the method most convenient to you. Please circle either **one** phone number or **one** e-mail address below that should be the **primary** contact for this.**

**Mother's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/State/ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City/State/ZIP:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Emergency Contact Other than Parents:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number(s):** \_\_\_\_\_

*Questions? Please call  
Coach Susan Roland, 682-3938 or  
Board President Angela Moore, 214-2110*