

# Mini Stingrays 2016-2017 Fall Registration

Swimmer's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender M/F  
Parent Name(s) \_\_\_\_\_  
Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Membership Status:**  Member  Guest  
*Try outs are mandatory for new swimmers.*

**Swim Meets:** Swimmers who are new to competition will have the opportunity to participate in monthly intersquad meets held at LSF, where they will learn meet terminology and procedure. We host monthly Intersquad meets, between Stingrays swimmers only.

**Socials:** Socials will be held monthly and are a great way to meet the rest of the team! Each social has a different focus, but all emphasize teamwork and fun. Food is included in the cost of attendance. Cost is \$15.00 per social; siblings and friends are welcome. Regularly scheduled practice will not be held on social days.

**Rates:** Please note the season will run **August 29<sup>st</sup> to March 18<sup>th</sup>, a two week extension over the 2015-2016 Fall season**  
Full Season: \$849  
Partial Season: 6 week minimum \$32 per member per week paid in full at registration (Increases to \$50 per week after 6 week trial period)  
\$60 Per guest per week paid in full at registration (10 Weeks maximum)  
10% Sibling discount starting with the second child

**Schedule:** Please note that each class is limited to 10 swimmers, this is to maintain a high level of quality. Please select the days you will be attending.

- Monday: 4:30-5:30pm
- Tuesday: 5:00-6:00pm
- Friday: 4:00-5:00pm
- Saturday: 12:00-1:00pm

**Payment Method:**       Cash       Check       LSF Account       Credit Card  
Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Terms and Conditions:** I agree to assume full risk and to waive, relinquish, and release all claims against the agents, servants, and employees of Lakeshore from any such claims resulting in injury, damages or loss sustained on account of participation in this program. I understand that I am responsible for all personal medical insurances and that as a participant must cover all medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that the emergency contact or I cannot be reached.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_