

IRVINGTON CLUB ~ 2024 SWIM TEAM
Swimmer Information Sheet

Swimmer
Name: _____ Birthdate: _____
(00/00/0000)

Swim Level (circle one): Beginner Intermediate Advanced

(Only necessary for non-members, or if your contact information has recently changed)

Parents/ Guardian Name: _____

Email Address: *(please print clearly)* _____

Phone number: _____ Cell: _____

Swim Team cost: \$300 for members, \$325 for non-members

T-shirt size: *(please circle your size)*

Youth Sm Youth Med Youth L Adult Sm Adult Med Adult L Adult XL

Practice Times:

Beginner Swim Team ~ Monday-Friday, 8:30am-9:15am

Intermediate Swim Team ~ Monday-Friday, 9:15am-10:00am

Advanced Swim Team ~ Monday-Friday, 10:00am-11:00am

Please be aware of our Cancellation Policy

- Cancellations must be made 15 days or more in advance of the start date will be charged a 10% fee.
- Cancellations must be made between 8&14 days in advance of the start date to receive a 50% refund.
- Cancellations made less than 8 days of the start date will not be refunded.

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Total Due: \_\_\_\_\_ Account Charged: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_ Initials \_\_\_\_\_

Date \_\_\_\_\_

**Date In CA:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_