

SEAHAWKS SWIMMER INFORMATION/REGISTRATION SHEET for 2026- 2027 SEASON.

Submit a separate sheet for each swimmer for verification of age, eligibility, and to be covered by USA Swimming insurance.

Please highlight any information that has changed for returning swimmers!

Registration opens on Wednesday, Sept. 2nd from 6:00-8:00 pm and reopens on

Tuesday, Sept. 8th from 6:00-8:00 pm at the All-Seasons Center

Last date to register is Tuesday, September 8th at 8 PM *An additional \$100.00 fee will be added to late registration entries*

Circle one: (New swimmers must be 6 years of age or older and be able to swim 25 yards without stopping)

New swimmer— 8 & Under practice on Monday & Thursday

— 9 & over may swim two or three days, choose: Monday, Tuesday, or Thursday

Returning swimmer — Choice of 2-, 3-, 4-, or 5-day option (**only 11 and older** can choose the 4- or 5-day option)

*Space may be limited – adjustments may need to take place following registration

Additional \$90.00 USA Online Membership fee. New swimmers' online registrations are due on Monday October 5th. Returning swimmers online registrations are due on Monday November 23rd. An e-mail will be sent with details.

* Season Duration- Mid-September-Early March * **Practice Time- Monday/Wednesday: 4:00-4:30 Tuesday/Thursday/ Friday: 4:20-5:50**

FALL/WINTER PRACTICE COST: 2 day is \$230, 3 day is \$345, 4 day is \$460, 5 day is \$575 ***All sign ups for days are final – no switching***

PRACTICE TRIAL: New Swimmers come Sept. 14, 15, 17, 21, 22, 24 and Sept. 28. New swimmers must be 6 years of age or older and able to swim 25 yards without stopping. Coaches will assess competitive readiness at the end of the trial. A parent-coach discussion will follow to review the outcome The cost is \$75 which can be applied to the total. Returning swimmers will begin practice on Monday, September 21st on their designated days.

Swimmer Full Name:

first

middle (*must have)

last

Birth date: ____ / ____ / ____ New swimmers must submit a **copy of a birth certificate via online registration** as verification of age.

School attending: _____

Age: _____

Parents/guardian name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Primary email address: _____

Secondary email address (if applicable): _____

Alternative emergency contact person / their relationship to you:

Name: _____ Relationship: _____ e.g., aunt, uncle, friend, neighbor

Phone Number: _____ Alternate Number: _____

*Your physician &/or medical clinic: _____

*Phone number: _____

*Medical Insurance Company _____

*Medical Insurance ID number _____

*Are there any conditions on which the coach should be aware? (medical, physical, behavioral, etc.) _____

In case of an injury, I give permission for emergency medical care to be provided for my child.

Parent/guardian signature: _____ Date: _____

Please Check any/all Boxes:

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As a parent of a swimmer, I acknowledge and understand the rules and will review these rules with my swimmer.

Seahawk Swim Team has my permission to take photos of my swimmer and put in newspaper and or Facebook – **circle Yes or No**