

Clinton Shark Swim Team (C.S.S.T)

Membership form #2

1. Swimmer's Name: _____
 - a. Date of Birth _____ Age as of 12am May 31, 2022 _____
2. Swimmer's Name: _____
 - a. Date of Birth _____ Age as of 12am May 31, 2022 _____
3. Swimmer's Name: _____
 - a. Date of Birth _____ Age as of 12am May 31, 2022 _____
4. Swimmer's Name: _____
 - a. Date of Birth _____ Age as of 12am May 31, 2022 _____

Mom: _____ Dad _____
Address: _____ Address: _____
E-Mail _____ Email _____
Cell# _____ Cell# _____

Fees: Yearly: membership fee of \$75 per child. This fee allows access to all C.S.S.T. trainings and activities not including Competitive meets. Fee due at first practice.

Seasonal: \$50 competition/meet; the funds are to help with the cost of summer season swim meets. Fee due last week of May.

Additional cost: Team suits, caps, and shirts are extra costs. The only requirement is suit and cap.
Number of Swimmers _____ X \$75 total _____ Number of Swimmers _____ X \$50 Total _____
(only due at beginning of summer and attending meets) **Total Fees paid to City of Clinton** _____

Volunteers: During the summer league family members are highly encouraged and needed to be trained as helpers for the swim meets. Each member has a required number of trained and untrained helpers to run the meet. Please check box if you are interested in being a trained helper ()

Photos: C.S.S.T. takes and uses photos on its website and /or team related publicity. Please understand that only group photos of youth/children are used and will never be identified by name.

() I authorize C.S.S.T. Or () I do not authorize C.S.S.T to use photos that my child/children appear in.

Communication: C.S.S.T. uses our team website and email to relay group information. Additional methods include () text message and phone app () Team App

() I want to be included () I do NOT want to be included in additional communication methods.

Sign: _____ Date: _____