



SIERRA VIEW SHARKS
SWIM TEAM
REGISTRATION FORM

PARENTS/GUARDIANS NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER:
 (H) _____ (Cell) _____ (W) _____

E-Mail address: _____

| CHILDS NAME | D.O.B | *SWIMMING ABILITY | Y Or N |
|-------------|-------|-------------------|-----------|
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***SWIMMING ABILITY:** B= BEGINNER; I=INTERMEDIATE; A=ADVANCED, C= COMPETITIVE
 SVA MEMBER: ____ Yes ____ No. IF YES, ARE YOU A MEMBER IN GOOD STANDING? ____ Yes ____ No

AGE REQUIREMENTS-6YEARS YEARS OF AGE TO 12 YEARS OF AGE AND 13YEARS OF AGE TO 18 YEARS OF AGE.

HAS YOUR CHILD BEEN ON A SWIM TEAM BEFORE? PLEASE PUT A Y NEXT TO THE CHILDS NAME IF THEY HAVE.

IMPORTANT...PLEASE MAKE SURE YOUR ADDRESS AND TELEPHONE NUMBER ARE CORRECT SO WE CAN CONTACT YOU WITH **ADDITIONAL INFORMATION.**

- **THIS FORM MUST BE COMPLETED AND MAILED BACK TO THE SVA OFFICE BY APRIL 30 !!!! IF YOU HAVE ANY QUESTIONS PLEASE CALL THE SVA OFFICE AT 570-646-4588 M-F.**