



Lakemont Swim Team Registration 2009



Swimmer Information

| Last Name | First Name | Birth Date | Age by June 1 | Registration Fee |
|------------------------|------------|------------|---------------|------------------|
| | | | | \$60 |
| | | | | \$60 |
| | | | | \$15 |
| | | | | \$15 |
| Registration Subtotal: | | | | |

*Registration fees include coaching salaries, TSA dues, swim cap, medals, and supplies

| | |
|---|-------------|
| Fundraising Options *100% of proceeds goes back to the team! | |
| Torpedo Magnet | _____ x\$5= |
| Torpedo Monogram | _____ x\$5= |
| 3 Letter Monogram (eg. REC for Ruth E. Cates) Letters: | \$5 |
| Letters: | \$5 |
| Letters: | \$5 |
| Fundraising Subtotal: | |
| Registration Subtotal: | |
| Make checks payable to: Lakemont with "swim team" in the memo line | Total: |

Parent/Guardian Information

| | |
|--|--------------|
| Name: | Home Phone: |
| Address: | Mobil Phone: |
| | Work Phone: |
| Email (most used): | |
| Emergency Contact if different/additional: | |
| Emergency Phone: | |
| Parent Signature: | Date: |

Meets your swimmer will NOT attend, please circle all:

June 9 June 16 June 23 June 30 July 7 July 14 July 22

Volunteer Jobs:

Families are asked to help with 4 meets

1. _____
2. _____
3. _____
4. _____

Mail payment and registration to:

Lakemont Swim Club
PO Box 18183
Raleigh, NC 27619



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Beginning June 15 the Torpedoes will have morning practices only. Swimmers in year round schools or involved in other activities during the regular morning practice schedule will have the opportunity to sign up for an afternoon practice on Mondays, Wednesdays, and Thursdays. Due to the limited space of afternoon practices during regular pool hours, it was felt this new policy would be the best way to accommodate our coaching staff, pool members **not** involved in swim team, and swimmers with commitments during the morning hours. Because this is a SIGN-UP ONLY basis, please let the coaches know your schedule or any changes as soon as possible. You may list weeks you are currently aware of below. There will be opportunities to sign up at the pool during the regular season as well.

Thank you for your understanding and flexibility,
 Lakemont Board of Directors Swim Team Liaisons,
 Kim Philbeck
 Liza Cates

My swimmer needs to practice in the afternoons during the week(s) of:

| Week | Swimmer(s) Name | School/Activity |
|---------|-----------------|-----------------|
| June 15 | | |
| June 22 | | |
| June 29 | | |
| July 6 | | |
| July 13 | | |
| July 20 | | |

Copy the above schedule and remove for your calendar:

| Week | My child will have afternoon swim practice on MWTh during the following week(s) |
|---------|---|
| June 15 | |
| June 22 | |
| June 29 | |
| July 6 | |
| July 13 | |
| July 20 | |

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