



TEAM YES! AQUATICS OF HOUSTON

7710-T Cherry Park Drive

PMB 406

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2007-2008 REGISTRATION FORM

Swimmer Information (please print)

Legal Last Name	Legal First Name	Middle Initial	M/F	Birth Date (m/d/y)	Current Grade	Current Age	CFISD Resident

Address: _____
 Number & Street _____ City _____ Zip Code _____ Home Phone Number _____

Father's Name: _____ Work Phone: _____ Cell Number: _____

Mother's Name: _____ Work Phone: _____ Cell Number: _____

School (s) attending: _____

Parent's Email Address: _____ Swimmer's Email Address: _____

Are you currently registered with another US Swim Club? _____ If yes,* who? _____

Did you attend a US Swim Meet with that Club in the last six months? _____ If yes, date _____

***Please complete a Gulf Swimming Athlete Transfer Form for each swimmer transferring**

Program	Practices offered per week	Monthly Program Fee (per swimmer)	Annual Registration Fee (per swimmer)	Sub-total	Name(s) of Swimmers	Total
Learn to Swim	2	\$50	\$15*	\$65		
Intermediate	3	\$60	\$80*	\$140		
Advanced	3	\$65	\$80*	\$145		
White	3	\$70	\$80*	\$150		
Green	4	\$75	\$105*	\$180		
Blue	5	\$80	\$105*	\$185		
Junior	5	\$85	\$115***	\$200		
Senior	5	\$95	\$115***	\$210		

*One T-shirt included *** Three T-shirts included T-shirt size (please circle) YS YM YL AS AM AL AXL

Start Date _____ Check # _____ Cash _____ TOTAL Received _____

_____ I certify that the above information is correct and that the swimmer(s) named above is/are eligible in accordance with the rules of USA Swimming.

_____ I understand the annual registration fee is per swimmer and is not refundable after Gulf registration has been completed

_____ I understand that the monthly program fee is due by the 10th of the month and there will be a \$10 late fee for payments received after the 10th of the month. If an account becomes forty-five (45) past due, your swimmer will not be allowed to participate in practice sessions until the account, including late fees, is-paid in full

_____ I understand I am responsible for any US swimming meet fees or fines imposed due to "No Shows", "Exceeding Event Limit" or "Swimmer Ineligibility" based on meet time standards.

_____ I understand the practice schedule may change suddenly due to changes in CFISD's pool usage schedules / conditions

_____ I have read and agree with the parent and swimmer code of conduct

_____ **I understand that I can withdraw my swimmer any time during the year with a 30-day written notice**

Parent/Guardian: _____ Date: _____