



Spring Lake Recreation Commission 2017 Summer Stroke Clinic & Summer Swim Team Registration Form

For Office Use
CASH _____ CHECK _____
Initials _____

**PLEASE RETURN ALL FORMS AND PAYMENT TO THE:
SL RECREATION OFFICE, 345 HAMMOND STREET, SPRING LAKE, MI 49456**

Child's Name: _____ Age _____ M/F _____ DOB _____

School/Grade (17-18 Yr): Holmes Jeffers SLIS SLMS SLHS Other _____

Parent(s) Name _____

Email Address _____

Phone (Primary) _____ (Secondary) _____

Address _____ City _____ Zip _____

Residency (check one):

RESIDENT: Crockery Township SL Township SL Village Non-Resident attending SL schools

NON-RESIDENT: Other _____

My child has my permission and is physically fit to participate in the Greater Spring Lake Area Recreation Commission. List known health issues: _____

Parent/Guardian Signature _____

Date _____

Child is participating in - please X: Stroke Clinic Swim Team

Swim Team - 13 year & older, please X time: 6:30-8:00 am or 8:00-10:00 am

T-SHIRTS (T-Shirts are only for swimmers that participate in Swim Team) - please circle one:

Youth XS Youth Small Youth Med Youth Large Adult Small Adult Med Adult Lg Adult XL

FEES

Stroke Clinic Only:	\$30 resident	\$45 non-resident
Swim Team Only	\$75 resident	\$100 non-resident
Swim Team AND Stroke Clinic	\$105 resident	\$145 non-resident

Total due: \$ _____

****Swimmers who complete the season will receive a medal.****

STROKE CLINIC (at SL Aquatic Center)

DATE: June 19-23, 2017
TIME: 8:30 - 9:30 am 10 years and under
 9:45 - 10:45 am 11 years and over

COMPETITIVE SWIM TEAM (at SL Aquatic Center)

DATE: June 26 – July 28, 2017 (M-F)
TIME: 9:00-9:45 am Beginners (8 & Under)
 10:00-11:00 am Intermediate (9 - 12 yrs)
 6:30-8:00 am Adv/Workout (13 & over)
 8:00-10:00 am Adv/Workout (13 & over)

SWIM MEET SCHEDULE available June 26th

Coaches: Ellen Wiese & Penny Zacek, along with Assistant Coaches and Spring Lake Varsity Swimmers.