



**North Shore Swim Club
2009-2010 Fall/Winter Registration**



Family Information	Parent/Guardian #1	Parent/Guardian #2	For answers to your questions: Coach Dana Elzea dselzea@uwm.edu Web Site: nsswim.com or Carleen Sook, Registrar (414) 963-4641 csook@wi.rr.com
First name	_____	_____	
Last name	_____	_____	
Home phone	() _____	() _____	
Office phone	() _____	() _____	
Cell phone	() _____	() _____	
Occupation	_____	_____	
Address for mailings	_____		
City & Zip	_____		
Email address	_____		

Swimmer Information	Swimmer #1	Swimmer #2	Swimmer #3
Last name	_____	_____	_____
Legal first name / Middle (* if none)	_____ / _____	_____ / _____	_____ / _____
Preferred name	_____	_____	_____
Date of birth (required)	_____	_____	_____
Gender (circle one)	Female / Male	Female / Male	Female / Male
US Citizen (circle one)	Yes / No	Yes / No	Yes / No
REFERRED BY	_____	_____	_____
If new to North Shore Swim Club, name of previous club	_____	_____	_____

Club Fee Schedule	Fall (8/31/09-12/4/09)	Winter (12/7/09-3/10/09)	Both (10% discount)
Group 1	\$149.00	\$149.00	\$268.20
Group 2	\$225.00	\$225.00	\$405.00
Group 3	\$225.00	\$225.00	\$405.00
Group 4	\$285.00	\$285.00	\$513.00
Senior I (High school swimmers)	\$320.00	\$320.00	\$576.00
Senior II (High school stay in shape)	\$285.00	\$285.00	\$513.00

Fee Calculation	Swimmer #1	Swimmer #2	Swimmer #3
Club fee (from schedule above)	_____	_____	_____
Multiple swimmer discount			
Single session		-\$15.00	-\$30.00
Both sessions		or -\$30.00	or -\$60.00
USS Fee - Age 9 & older	\$53.00	\$53.00	\$53.00
Age 8 & under	\$46.00	\$46.00	\$46.00
Total fee	_____	_____	_____

Make checks payable to North Shore Swim Club

Forms and fees may be mailed to: Carleen Sook, NSSC Registrar, 5925 N Lake Dr, Whitefish Bay WI 53217 or brought to the first practice.

I certify that the above information is correct and hereby hold the Nicolet and Whitefish Bay Recreation Departments and the North Shore Swim Club free and harmless for any liabilities that may arise while I or my family members are participating in any Club activities. I acknowledge that I must have adequate health insurance to cover any injuries while involved in Club activities.

Parent or guardian signature: _____ Date: _____

For accounting purposes only:
Total amount paid: _____ Check No. _____ Date: _____

Instructions on reverse side