DOCS SWIM TEAM REGISTRATION FORM
MANUAL HIGH SCHOOL 2009-2010

Swimmers Names 1-_____ 2-_____

3-_____ 4-_____

DOCS/YMCA Team Member Fees			
DOCS/YMCA Program Fee	* See YMCA Program Form		
ISI/DOCS Program Fee (*must pay to participate in ISI meets)		$ 60	
	Qty.	Amount	Total
DOCS Weekend Option (at Five Points)		$20/month	
DOCS Pre Team- (Wed ONLY 5-5:30 pm)		$ 80 *Session 1 $ 80 *Session 2	
Administration Fee		$ 15 $ 30 $35	
Meet Escrow Amount		$ 75 $150	
		DOCS Total:	

USA Swimming Membership Fees	**Qty.**	**Amount**	**Total:**
LSC: ISI		$60 $120 $180	
LSC: ISI TEAM TRANSFER FEE		$10	
		ISI Total:	

PARENT'S NAMES: _____

MOTHER'S PHONE: _____

EMAIL: _____

FATHER'S PHONE: _____

EMAIL: _____

Office Use Only			
	Code of Conduct		**ISI Form**
	Waiver		**Meet Form**
	Medical		**T- Shirt Size: _____**
	Latex Cap		