

AS&TC

Swim Team Application

Last Name	First Name	Date of Birth	Age
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Street Address	City	State	Zip Code
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Parent/Guardian	Cell	Email
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Parent/Guardian	Cell	Email
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Additional Swimmers in the Family:

Last Name	First Name	Date of Birth	Age
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Last Name	First Name	Date of Birth	Age
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Last Name	First Name	Date of Birth	Age
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Please specify any medical conditions your child may have. (This will be kept confidential.)

Emergency Contact: _____ Cell: _____

Please email completed form to Sean Clode: ardsleyswimcoach@gmail.com

Swim Coach Sean Clode will also accept completed applications.

Any Questions? Contact Sean Clode cell (845) 522-3648

Ardsley Swim and Tennis Club, P.O. Box 631, Ardsley, NY 10502