



## FAIRFIELD FIGHTING FISH SWIM TEAM 2017

- Swimmers under the age of 10 must be able to complete 1 lap of two competitive stroke
- Swimmers over 11 must be able to complete 2 laps of at least 2 competitive strokes
- Stroke technique is the basis for this team
- You do not have to be a member of the Fairfield Pool to be on the swim team!  
If not a pool member, you must be from one of the following towns. Montville, Pine Brook, Towaco, Roseland & Little Falls.

Parent's Meeting at the Fairfield Pool -- TBD  
FF & NC Pool Member Fee: \$60      Non-Member Fee \$100

Please make checks payable to TOWNSHIP OF FAIRFIELD  
Return Form to Fairfield Recreation Office ~ 221 Hollywood Ave Fairfield NJ 07004  
Any questions call 973-882-2700 x2510

**\*\* ALL PRACTICES WILL BE HELD AT THE FAIRFIELD POOL \*\*\***

NAME \_\_\_\_\_ AGE as of JULY 1<sup>st</sup> \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

PHYSICIAN'S NAME AND NUMBER \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF: IF SO  
EXPLAIN \_\_\_\_\_ ANY ALLERGIES \_\_\_\_\_

MEMBER OF POOL? YES \_\_\_\_\_ NO \_\_\_\_\_

T-SHIRT SIZE: \_\_\_YS\_\_\_YM\_\_\_YL \_\_\_AS\_\_\_AM\_\_\_AL

My child (full name) \_\_\_\_\_ has my permission to participate on the Swim team for the 2017 season. I will assume all responsibility for any injury that may occur and will not hold the Township of Fairfield or Instructors liable. If an emergency should arise and I cannot be reached immediately at the above number listed, I hereby grant the Hospital Physician the authority to take whatever measure he/she deems necessary and appropriate to safeguard the welfare of my child.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ DATE \_\_\_\_\_ REC'VD BY: \_\_\_\_\_