

**TRI-ATHLETE
MASTERS
REGISTRATION**

NAME _____

ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE _____ DOB _____

EMERGENCY CONTACT PHONE _____

NAME OF EMERGENCY CONTACT _____

SIGNATURE OF APPLICANT _____

Checks payable to "Sayville Public Schools"

Amount of payment _____ ck # _____ Rec.by _____

Other program of the Sayville Community Swim Program

Infant & Toddler	_____	Pre-School/Kindergarten	_____
Level #1	_____	Level #2	_____
Level #3	_____	Level #4	_____
Level #5	_____	Level #6	_____
Level #7	_____	Diving	_____
PreTeam	_____	Guard Start	_____
Lifeguarding	_____	W.S.I.	_____
Adult Recreation	_____	Family Swim	_____

For more information:

Website: IASWIM.ORG

Phone - 631-244-6688 after 4:00 pm

E-mail - 3434_1@msn.com