



# 2010 REGISTRATION FORM

SWIMMER	BIRTHDATE	AGE as of June 1	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Mother's name \_\_\_\_\_ home phone \_\_\_\_\_ work/cell \_\_\_\_\_

Father's name \_\_\_\_\_ home phone \_\_\_\_\_ work/cell \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_ Please **do not** include my address and phone number on a listing to be handed out to all team families.

E-mail address(es) (for newsletter) \_\_\_\_\_

Emergency Contact (other than listed above) \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Any Medical Concerns? (asthma, etc.) \_\_\_\_\_

**LIABILITY:** I hereby give permission for the above stated swimmer(s) to participate in the organized sports program of the Mountville Swim Team. I acknowledge that the swimmer(s) will participate on the swim team and all meets and practices and will be using said facilities at his/her own risk. I waive and release the Mountville Swim Team officers and coaches from any and all claims or rights to damages for injuries or losses suffered by the swimmer, directly or indirectly, in training for, or traveling to and from, or competing in or while attending Mountville Swim Team functions. I acknowledge that the registration fee does not include accident insurance coverage.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL CONSENT:** In case of medical emergency, I understand every effort will be made to notify emergency contacts for my child(ren). In the event no one can be reached, I hereby give said permission to the Mountville Swim Team board of officers and coaches to secure proper treatment for, hospitalize, and to order injection or anesthesia or surgery for my child.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health Insurance Name \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**REGISTRATION FEE:** Checks only please, made payable to the **Mountville Swim Team**  
 \$70 for first swimmer, \$60 for each additional swimmer  
 Per league rules, there is an additional \$5 fee for families that do not have a Mountville pool pass.

**TEAM USE ONLY**

check # \_\_\_\_\_ amount \$ \_\_\_\_\_ received by \_\_\_\_\_ date \_\_\_\_\_