

SWIM TEAM REGISTRATION FORM 2011

Form Registration

ONE NEEDED FOR EACH CHILD
PLEASE PRINT CLEARLY

DATE PAID: _____
FEE PAID: \$ _____
Check #: _____
Cash rec'd: _____
Rec'd by: _____

CHILD'S NAME: _____ **D.O.B.** ____/____/____
LAST, FIRST, ML

BOY ____ **GIRL** ____ **AGE ON MAY 30th THIS YEAR** ____

ADDRESS: _____

ZIP CODE _____

PHONE: (HM) (____) _____
(WK) (____) _____

E-MAIL ADDRESS: _____

MEDICAL CONCERNS: Uses inhaler
for: _____
Other: _____

EMERGENCY CONTACT:
NAME: _____
First and Last

RELATIONSHIP: _____

PHONE: (____) _____

FATHER: _____
MOTHER: _____
NAME: First and Last NAME: First and Last

In consideration of your accepting my child's registration on the Southdown Swim Team, I intending to be legally bound, do hereby, for myself, my heirs, my executors and administrators waive and release forever any and all rights and damages I may accrue against the officials, directors, managers, coaches, and sponsors of the SOUTHDOWN SHORES SWIM TEAM AND THE SOUTHDOWN COUNTRY CLUB, INC..

My child has my permission to accompany the SOUTHDOWN SHORES SWIM TEAM, it's coach(es), managers, and officials on all away swim meets. Knowing that all precautions will be taken to assure my child's health and safety, I will hold no one person or Southdown Pool responsible.

_____/_____
Signature of Parent or Guardian Date

PLEASE READ AND COMPLETE THE INFORMATION ON THE BACK

CHILD'S NAME _____ AGE: _____
First Last As of May 30th

IN ORDER TO START PRACTICE WITH THE SWIM TEAM:

1. Pay your current **Annual Pool Dues** prior to Registering on the Swim Team.
2. Complete and sign the **Registration Form** on the reverse side. (*ONE FOR EACH CHILD*)
3. Complete and sign the **AAU Roster/Application** (*ONE LINE FOR EACH CHILD*)
4. Pay the **Registration and AAU Fees** as follows: (Checks to: Southdown Swim Team)

Registration:	\$58.00
AAU fee:	\$12.00
Total	\$70.00

No child may participate in any practice or competition without these forms completed and fees paid in full. This is not only required by the Swim Team Committee and Southdown Pool Board of Directors, but also by the Central Maryland Swim League.

THANK YOU FOR YOUR COOPERATION

Although it is a **FULL TEAM EFFORT** that gives the Southdown Sharks the best possible chance at the meets, we realize that sometimes a swimmer may not be able to attend practices and/or meets due to an illness or a previously scheduled vacation, etc.. Please indicate below any known dates that your child will not be able to attend or participate in practice(s) and meets. **This is VITAL INFORMATION for the TEAM and the coach(es)** as the meets are seeded according to swimmers' availability.

DATES OF EXPECTED ABSENCE FROM PRACTICE(S) AND MEETS:

Please refer to the "Important Dates" listing in the team newsletter

Practices: _____

Meets: _____

word file Form Registration