

Temple Hills Dolphins 2009 Swim Team Registration



Notes: All team members must register

All team members must also be a member of the Temple Hills Swim Club

The registration fee is \$85.00 per child

Only 1 form required per family

Contact person, telephone number and email address are required

1. Swimmer's Name: _____ Date of Birth: _____ Age: _____ (on 5/31/09)

2. Swimmer's Name: _____ Date of Birth: _____ Age: _____ (on 5/31/09)

3. Swimmer's Name: _____ Date of Birth: _____ Age: _____ (on 5/31/09)

4. Swimmer's Name: _____ Date of Birth: _____ Age: _____ (on 5/31/09)

Parent/Guardian: _____

Address: _____

Telephone (day): _____ Telephone (night): _____

Telephone (cell): _____

Email:	
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Emergency Contact Information:

Name: _____

Relationship: _____

Telephone: _____

Does any swimmer have a physical or medical condition of which the coaches and meet officials should be aware (allergies, asthma, convulsive disorders, etc.)? Yes/No [circle response] If yes, please explain below.

Signed (Parent/Guardian): _____

Date: _____

Swimmer(s) last day of school: _____

We rely on parent volunteers to make the season safe, fun, and rewarding. Parents are needed to work as meet officials and fund raisers. Please indicate your choices below. Items marked with an * require training.

Meet Officials: Clerk of Course Head Timer Scorer Hospitality Table
 Ribbon Writer Head Judge* Referee* Stroke/Turn Judge*
 Starter* Timer Sweep Judge* Fundraising