

Villages of Westminster
2015 Swim Team - Swimmer Signup

Parent / Guardian

Additional Contact

Last Name	<hr/>	<hr/>
First Name	<hr/>	<hr/>
Street Address	<hr/>	<hr/>
Home Phone	<hr/>	<hr/>
Cell Phone	<hr/>	<hr/>
Email Address	<hr/>	<hr/>

Can we use this information for a team directory? (Circle one) Yes No

Swimmer #1 Name _____ Age ____ DOB _____ M__ F__

Swimmer #2 Name _____ Age ____ DOB _____ M__ F__

Swimmer #3 Name _____ Age ____ DOB _____ M__ F__

Swimmer #4 Name _____ Age ____ DOB _____ M__ F__

Please list any special medical needs or concerns the coaches should be aware of:

Emergency contact information: (Name, Address and Telephone of person other than parents)

We would like to trial the swim program for a week.

We are submitting our registration fee now.

There is a fee of \$130.00 for the first child, \$115.00 for any additional children. Please make checks payable to "Villages of Westminster Swim Team." Registration forms should be submitted to Corinne Picataggi (6209 SJW.)

The undersigned parent(s)/guardian(s), as the case may be, hereby consent to the participation of the listed family members/children in activities of the Villages of Westminster Swim Team and except for the misconduct of any of the hereafter named Releases, the undersigned each hereby waive and release the Villages of Westminster Swim Team, its members, directors, officers, agents, employees and representatives (collectively, the "Releases") from and against any and all claims, damages, suits and liabilities (including attorneys fees) for injuries arising from , or suffered as a result of, such participation.

Parent / Guardian Signature

Date

The success of the swim program is dependent on parent and volunteer support. There will be many volunteer opportunities, and families will be required to participate throughout the season. We are a full competitive team this year and will host meets at our pool. Please recruit neighbors to help!