

STRATHMORE BEL PRE SWIM TEAM ASSOCIATION, INC.
2010 DOLPHINS SWIM TEAM REGISTRATION
(Please Complete One Registration Form for Each Swimmer)

Swimmer Information:

Name: _____; M/F: ____; Birth Date: ____/____/____
[Please provide your name as you want it to appear on trophies, records, etc.]

Address _____

Parent/Guardian Information:

MOTHER/FEMALE GUARDIAN:

FATHER/MALE GUARDIAN:

Name _____

Name _____

Address _____

Address _____

Tel. _____

Tel. _____

E-mail _____

E-mail _____

To which parent or guardian should swim team matters be addressed?

Mother/Female Guardian _____; Father/Male Guardian _____; Both _____

Please explain any special information (e.g., medical conditions, medications, special care) that the coaches need to/should know about:

Alternate Emergency Contact Information:

Name and phone number of person to contact in case of emergency when a parent or guardian cannot be reached:

Name: _____

Telephone: _____

Parent/Guardian Commitments:

I hereby express my willingness to help the swim team. I understand that I will need to help operate the team, including swim meet set-up and clean-up, running meets, driving to and from swim team events, and in various other ways contribute my time and talents.

Parent/Guardian Signature

I understand that I may be asked to drive to swim team events and that if I cannot drive my child to a required function, I will make arrangements with other drivers to accommodate my child. I hereby grant permission for the child named above to be a passenger in a private vehicle, driven by a licensed driver, to and from swim team functions and activities.

Parent/Guardian Signature

FEES:

First Swimmer - \$80; Second Swimmer - \$60; Each Additional Swimmer - \$ 40

Make check payable to: **SBP Swim Team Association, Inc.**

PAID \$ _____ DATE ____ / ____ / ____ RECEIVED BY _____