

Parkcrest 2010 Swimmer Registration

SEND REGISTRATION & FEES TO: Beth Piper, 602 Blue Ridge Parkway, Madison, WI 53705

Last Name: _____	First Name: _____	Middle Initial: _____
Birthdate: ____/____/____	Age as of June 1: _____	Did you swim on the team last year? (circle one): Yes No
Gender (circle one): Male Female	T-shirt Size? (circle one): Youth - S M L XL Adult - S M L XL XXL	

Last Name: _____	First Name: _____	Middle Initial: _____
Birthdate: ____/____/____	Age as of June 1: _____	Did you swim on the team last year? (circle one): Yes No
Gender (circle one): Male Female	T-shirt Size? (circle one): Youth - S M L XL Adult - S M L XL XXL	

Last Name: _____	First Name: _____	Middle Initial: _____
Birthdate: ____/____/____	Age as of June 1: _____	Did you swim on the team last year? (circle one): Yes No
Gender (circle one): Male Female	T-shirt Size? (circle one): Youth - S M L XL Adult - S M L XL XXL	

PARENT INFORMATION

Father's Name: _____

Father Phone #'s: Daytime: _____ Evening: _____ Cell: _____

Father's Email: _____

Mother's Name: _____

Mother Phone #'s: Daytime: _____ Evening: _____ Cell: _____

Mother's Email: _____

Address: _____

City: _____ Zip: _____

Fees: Swim AND Dive team - \$125 per athlete (\$350 maximum team fee per family) Free T-shirt with paid registration by 5/31/10
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I, the undersigned, hereby grant permission for my child(ren) to swim/dive under an assigned coach and by signing hereunder waive irrevocably all liability against said coach and the Parkcrest Swim Club for myself and my child(ren). I agree to provide medical/dental care for such child(ren) in case of injury and further agree that such coach may, without further permission, take whatever steps he or she deems necessary in case of injury, including obtaining medical or dental care.

Parent/Guardian

_____/_____/_____
Date