

SWST REGISTRATION 2010

*** Please Print Clearly ***

PARENTS INFORMATION

First Name(s) _____ Last Name _____
 Address _____ Zip Code _____
 Phone (H) _____ (W) _____ (C) _____
 Email Address _____

SWIMMER INFORMATION

(Please include last name if different from parent)

		mark one	
Name _____	Date of Birth _____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name _____	Date of Birth _____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name _____	Date of Birth _____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name _____	Date of Birth _____	<input type="checkbox"/> M	<input type="checkbox"/> F

VOLUNTEER INFORMATION

It takes many volunteers to run each swim meet. Each family is REQUIRED to volunteer at a minimum of four (4) events THIS season. Please check your volunteer preference below and sign up with the volunteer coordinator.

Committees: <input type="checkbox"/> Spirit <input type="checkbox"/> Team Photo Meet Officials: <input type="checkbox"/> Stroke Judge <input type="checkbox"/> Turn Judge <input type="checkbox"/> Referee <input type="checkbox"/> Starter	Meet Volunteers: <input type="checkbox"/> Timer <input type="checkbox"/> Awards <input type="checkbox"/> Clerk of Course <input type="checkbox"/> Concessions <input type="checkbox"/> Zoo Keeper <input type="checkbox"/> Runner <input type="checkbox"/> Announcer <input type="checkbox"/> Pool Set-Up
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PARENTAL CONSENT

"I give consent and approval for my child(ren) to participate in the 2010 Salem Woods Swim Team program. I will not hold the Virginia Beach Swim League, its officers, directors or coaches, or the Salem Woods Swim Team / Civic Association, its officers or directors responsible in case of accident or injury as a result of this participation."

Parent / Guardian Signature _____ Date _____

OFFICE USE:

REG \$	POOL R - \$ A - \$	SHIRTS (qty)	SUITS (qty) F - M -	CAPS (qty)
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