

# Indian Head Swim Team 2017

(Please Print) CHILD'S NAME	(As of 11:59 PM 05/31/16) AGE	BIRTH DATE	MALE/ FEMALE	YEARS EXPERIENCE

**HOME PHONE:** (     )     -     \_\_\_\_\_ Check here  if phone # can be shared with other team members.

**ADDRESS:** \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **WORK PHONE:** \_\_\_ (     ) - \_\_\_\_\_

**CELL PHONE/PAGER:** \_\_\_ (     ) - \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **WORK PHONE:** \_\_\_ (     ) - \_\_\_\_\_

**CELL PHONE/PAGER:** \_\_\_ (     ) - \_\_\_\_\_

**OTHER EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE:** (     ) - \_\_\_\_\_

Do you have internet access? Yes  No  If yes, please provide your e-mail address since this is the most efficient way of getting information out quickly. If there is more than one e-mail account where you would like us to send information, please list them. \_\_\_\_\_ @ \_\_\_\_\_ , \_\_\_\_\_ @ \_\_\_\_\_

Swimmer transferred from another swim team, please indicate the former team: \_\_\_\_\_

**VOLUNTEER POSITION** willing to work: \_\_\_\_\_

Can you and your swimmer participate in Sunday events? \_\_\_\_\_ Yes  No

**FEES:**

\_\_\_\_\_ Children/Fee

\$95/child; \$165/two children; \$190/3 children; \$215/4 children; \$240/5 children; \$265/6 children.

**CHECKS:** Payable to the Indian Head Swim Team (IHST). If you cannot attend the registration night, please mail registration and sales order form to: Chris Batchelor, 6090 Manor Lane, La Plata MD 20646

**PARENTAL CONSENT:**

I hereby give permission to the coach and team representative to approve transportation and emergency medical treatment to my child(ren) should an incident occur while my child(ren) is (are) participating in team-sponsored events.

**MEDICAL CONDITIONS** that the coaches need to be aware of: \_\_\_\_\_

**Liability Disclaimer** By signing this form, I agree not to hold the above team or sponsoring organization or any of their members or trustees or Hawthorne Country Club (HCC), HCC Board, HCC Members, and the HCC Swim Team or the IHST Swim Team or board, liable for any injuries that may occur to my child(ren) while participating in the teams activities.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISCLAIMER STATEMENT:** *Pictures of swimmers are taken for publicity purposes and are published in newspapers and posted on the Indian Head Swim Team Web site. If you DO NOT want your swimmer's picture used, please indicate this in writing and submit it to: Chris Batchelor, 6090 Manor Lane, La Plata MD 20646*