

MALLORY DOLPHINS SWIM TEAM 2009 REGISTRATION FORM

FAMILY INFORMATION:

Last Name: _____

Address: _____ Home Phone: _____

Mother's Name: _____ E-Mail Address: _____ Cell/Work Phone: _____

Father's Name: _____ E-Mail Address: _____ Cell/Work Phone: _____

SWIMMER(S) INFORMATION:

	<u>Name (First and Last)</u>	<u>Boy/Girl</u>	<u>Birthdate</u>	<u>Age on June 15th</u>	<u>T-Shirt Size</u>	<u>Registration Fee</u>
1.	_____	_____	_____	_____	_____	\$65.00
2.	_____	_____	_____	_____	_____	\$55.00
3.	_____	_____	_____	_____	_____	\$55.00
4.	_____	_____	_____	_____	_____	\$55.00
5.	_____	_____	_____	_____	_____	\$55.00

Registration Fee Total: _____

Team Swimsuit Fee Total: _____

Other Fee Total: _____

Total Due: _____

MEDICAL RELEASE AND WAIVER:

I do hereby give my permission for the above named swimmer(s) to participate in Mallory Dolphins Swim Team activities (i.e., events, practices and swim meets).

I do hereby agree to assume risks and hold harmless Mallory Country Club, Inc. together with their officers, directors, employees and volunteers from claims or liabilities of any nature associated with the participation of the above named swimmer(s) in Mallory Dolphins Swim Team activities.

In case of medical emergency, I do hereby give my permission for the above named swimmer(s) to receive emergency medical treatment as deemed necessary.

Parent Signature: _____ Date: _____