

Wembly Swim Team Registration Form

Swimmer's Name

First _____ Middle: _____ Last: _____

- Age as of June 1 of this year _____
- Date of birth _____

_First _____ Middle: _____ Last: _____

- Age as of June 1 of this year _____
- Date of birth _____

First _____ Middle: _____ Last: _____

- Age as of June 1 of this year _____
- Date of birth _____

First _____ Middle: _____ Last: _____

- Age as of June 1 of this year _____
- Date of birth _____

Mother's Name _____

Mother's phone Number (H) _____ (W) _____ (C) _____

Father's Name _____

Father's phone Number (H) _____ (W) _____ (C) _____

Home address _____

Email address _____

\$80.00 per swimmer (maximum \$200.00) Amount Enclosed: _____

- **There will be no refunds after June 1, 2010**

Important: Did your child(ren) participate in any USS sanctioned swim meet through NOVA, the YMCA, or a similar team during the past year?

Yes _____ No _____

(If yes please attach a copy of his or her top times in all events swum from 3/1/2009 through 5/1/2010. We must have this information at registration to avoid disciplinary action by GRAL

AUTHORIZATION

I give the Wembly swim team my permission to use my child's **name** on the Wembly website (other than results of any kind): YES ___ NO ___

I give the Wembly swim team my permission to use my child's **picture** on the Wembly website: YES _____ NO _____

Emergency Information

Family name _____

Name and Phone number of responsible person to call if you are not available.....

Doctor Name & Phone _____

Preferred Hospital _____

Parent signature: _____