SOLECO SWIM TEAM REGISTRATION 2010

*********** *PLEASE PRINT CLEARLY* **********

Last Name: _____ **First Name:** _____

Street Address: _____

City: _____ **State:** *PA* **Zip Code:** _____

Home Phone Number: _____ **Township:** _____

Sex: _____ **Birthdate:** _____ **Age as of May 31, 2010**_____

Parent or Guardian's
Last Name: _____ **First Name:** _____ **Work/Cell #:** _____
Last Name: _____ **First Name:** _____ **Work/Cell #:** _____

One Call Number (for last minute updates and cancellations) _____
Email address _____

☐ **Please check here if we can include swim team photos of your child on our web site.**

Child's T-shirt size (please circle one) **Adult S M L** **Child S M L**

NOTE: Pool membership must be paid in full by May 23rd. A swimmer cannot participate in an in-the-water practice until membership payment is received!!!

2010 REGISTRATION: **$60 / SWIMMER**

We (I) , the undersigned parent or guardian, understand that the staff of the Soleco Booster Club will endeavor to provide for the safety of all swim team participants. We (I) , do, however, agree to indemnify and otherwise hold harmless the Soleco Booster Club and Soleco Community pool, and all agents of the swim team, should an injury occur to my child listed on this form. If for any reason an injury, illness or any medical emergency occurs during practice or a meet, the Soleco Booster Club will have my permission to call for emergency assistance. We (I) have insurance coverage which we (I) feel is adequate. We (I) understand clearly that the organizers of the Soleco Booster Club do not carry medical insurance.
INSURANCE COMPANY_____ **POLICY NUMBER**_____

PARENT or GUARDIAN'S SIGNATURE(S) Below

_____ _____