

FAMILY NAME/ TELEPHONE NUMBER _____/_____



PARENTS/GUARDIANS _____

ADDRESS _____

CELL PHONE MOM _____ CELL PHONE DAD _____

E-MAIL _____

ALTERNATE EMERGENCY CONTACT _____

DUES: \$80.00 per swimmer, \$200.00 family maximum

SWIMMER	AGE	D.O.B.	SPECIAL NEED/ALLERGIES
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1. _____
2. _____
3. _____
4. _____
5. _____

SPECIAL NEEDS/ALLERGIES PLEASE LIST EACH SWIMMERS NAME – PUT NONE IF THERE ARE NONE OTHERWISE LIST THE SPECIAL NEED OR ALLERGY

Emergency Authorization: I understand that my signature below authorizes Maple Hill Swim Team staff to take action as necessary in case of emergency. I also give my permission for the above referenced child (children) to be treated in the Emergency Room by an attending physician in the event I am unable to be reached.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____