

Aquadillos 2008 Registration Form

(revised 5/1/08)

Parents/Guardian Name _____
 Home Phone _____ Cell/Work Phone(s): _____

Address _____ Zip Code _____

E-mail (parent): _____

Swimmers Names:

Last	First	Age on 5/1/08	M/F	DOB	New to Team?
			M F		Y N
			M F		Y N
			M F		Y N
			M F		Y N

Registration Fees (late registration):

Item	Cost	Quantity	Total
Registration Fee -1 st swimmer	\$120*		
Second swimmer	\$110*		
Third swimmer	\$100*		
Fourth swimmer	\$90*		
Adult Swimmer- Lap Swim only	\$12*		
Adult Swimmer – Coached	\$30*		
New Plaque needed?	Plaque fits 8Yrs.		
TOTAL			

*The AAU Insurance Fee is included!

Check # _____ Cash _____ Received by: _____

Medical Authorization and Release

The above named children have our permission and consent to participate in Aquadillo practices and other activities related to training and competition in NWSC swim meets. In the event of illness or injury to said children and in the event a parent or guardian is not present, and after an attempt has been made to inform them of such injury or illness, either the team coach(es) or official chaperone(s) are hereby authorized to obtain treatment by a medical doctor for said children as a parent or guardian could authorize if he/she were present. The undersigned hereby releases and agrees to hold harmless, except in the case of negligence, Georgetown Summer Swim Association, it's Board of Directors, coaches and official chaperone(s) from any and all claims, liability, cost and expense arising out of or resulting from participation in any such training activity, competition or from the procurement of medical treatment for the above listed swimmers. This authorization and release shall remain in effect until such time as it is terminated by written notice to the Board of Directors of Georgetown Summer Swim Association.

Signature of parent or guardian _____