

Haymaker Hammerheads Swim Team

Registration 2018

PARENT INFORMATION

Parents' Names: _____ Home Phone: _____
Email: _____ Work Phone: _____
Address: _____ Cell Phone: _____

SWIMMER(S) INFORMATION

Swimmer: _____ DOB: _____ Sex: _____ Fee: \$50
Swimmer: _____ DOB: _____ Sex: _____ Fee: \$45
Swimmer: _____ DOB: _____ Sex: _____ Fee: \$20
Swimmer: _____ DOB: _____ Sex: _____ Fee: \$20

EMERGENCY CONTACTS

In case of emergency, **alternative contact** (other than the contact information provided above).

Name: _____ Phone: _____

REFERRAL

For new swimmers only, referred by...

Name: _____

Refer a new swim team member and receive FIVE guest passes! (Siblings excluded)

CONSENT

I hereby consent for my child(ren), named above, to participate in the activities of the Haymaker Swim Team. I also release the Haymaker Swim Club, its officers, and coaches from any and all liability for any injury or damages resulting from such participation and, in my absence, authorize any reasonable and necessary medical treatment and/or hospitalization for these participants. I will assume responsibility for my child(ren)'s transportation to and from meets and practices.

Parent's Signature: _____ Date: _____

Make check payable to Haymaker Swim Team

Separate check from your pool membership fee

Mail to: Laura Muro, 808 Meadobrook Road, Trafford PA 15085

