



## Summer Swim Team Registration Form

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Swimmers Name	Birthdate	Age	M/F	Dues
1. _____	_____	_____	_____	\$150.00
2. _____	_____	_____	_____	\$150.00
3. _____	_____	_____	_____	\$150.00

T-shirt Size \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Swim Suit Size \_\_\_\_\_ Swim Suit Size \_\_\_\_\_ Swim Suit Size \_\_\_\_\_

**\*\*Do the above swimmers have any special medical conditions that the coaches need to know about? If so, please provide necessary information** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On behalf of myself and the above children, I hereby release Pinehurst Piranha's Property Owner's, the volunteer adults/swimmers and coaches working for Pinehurst Piranhas Swim Team from any liability and cost from any injury suffered by the above children while participating in practices, meets or other team activities.

I agree to the above registration terms and waiver

\_\_\_\_\_  
Parent or Legal Guardian (Signature)

\_\_\_\_\_  
Date

**\*\*Registration includes team swim cap, t-shirt & swim suit**