

Madison Community Pool 2017 Swim Team Registration Form

Swimmer'(s)Last Name:	
Address:	City:
Home Phone:	
e-mail Address:	

Swimmer's Name:	Middle Initial:	Birth Date:
T-shirt size: Youth: M <input type="checkbox"/> L <input type="checkbox"/>	Adult: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Swimmer's Name:	Middle Initial:	Birth Date:
T-shirt size: Youth: M <input type="checkbox"/> L <input type="checkbox"/>	Adult: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Swimmer's Name:	Middle Initial:	Birth Date:
T-shirt size: Youth: M <input type="checkbox"/> L <input type="checkbox"/>	Adult: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	Sex: M <input type="checkbox"/> F <input type="checkbox"/>

Mother's Name:	Work or Cell #:
Father's Name:	Work or Cell #:

Emergency Contact:	Phone#:
Physician:	Phone#:
Hospital Preference:	
Important Medical Information: <i>(allergies, etc.)</i>	

I, the parent/guardian of the above-named swimmer(s), agree that I and the swimmer(s) will follow directions of the Swim Team coach and the assistant coaches and will abide by the rules and regulations of the Madison Community Pool and the North Jersey Summer Swim League. I will advise my swimmer(s) of these requirements. I understand that my failure or my swimmer'(s) failure to follow the direction of the coaches and/or the rules can result in the dismissal from the Madison Community Pool Swim Team without refund.

I further grant the Madison Community Pool permission to use my swimmer'(s) name, picture and/or likeness in printed, broadcast and other material concerning the Pool and the Team.

I give permission for my swimmer(s) to be at the Madison Community Pool by him/her/themselves. I understand that once my swimmer(s) leave(s) the Pool complex, I absolve the Madison Community Pool and the Swim League from all liabilities for my swimmer(s).

Parent/Guardian Signature:	Date:
Print name:	

Swimmers must be members of the Madison Community Pool.

The above registration form must be accompanied by a check for \$135.00 per child. After Memorial Day Weekend, the swim team fee will be \$160.00 per swimmer.

There is no charge for children over 15 years old who are part of a family membership or who have an individual membership, but a signed registration form is still required.

No new members after June 17th.