OFFICIAL TEAM REGISTRATION FORM

Athlete Information

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: _____ / _____ / _____ Age: _____ **(as of June 1, 2011)** Gender (M, F): _____

Did your child swim/dive for another team last summer? YES or NO (circle one)

If "YES," state the name of the club: _____

Does your child currently compete for another summer club team? YES or NO (circle one)

If "YES," state the name of the club: _____
**Note: SSL Rules prohibit swimmers/divers from competing for more than one summer club team during the SSL season*

Primary Mailing Information

Father's Last Name: _____ Father's First Name: _____

Mother's Last Name: _____ Mother's First Name: _____

Mailing Address: _____

_____

City: _____ State: _____ Zip Code: _____

Primary Contact Information

Home Phone: _____

Father's Office Phone: _____ Father's Cell: _____

Father's Email (please print clearly):

Mother's Office Phone: _____ Mother's Cell: _____

Mother's Email (please print clearly):

Parent Acknowledgement

I hereby acknowledge that I will abide by the rules and regulations governing Aronimink Swim Club and the Swim Team. I acknowledge that any child of mine under the age of ten (10) years (or holding a GREEN card) is to be accompanied by a person at least fourteen (14) years of age (or holding a BLUE card) if he/she is to remain on the pool premises after swim team practice has concluded. Any child of mine under the age of ten (10) years (or holding a GREEN card) found to be unsupervised after practice will be subject to disciplinary action, including suspension and/or possible termination from the team.

_____ _____
Parent Signature Date