



2009 Stingrays Swim Team Registration

*This information will be put on the team roster

*Last Name _____ *First Name _____

Date of Birth _____ Gender _____ Age as of May 15, 2009 _____

*Mother's Name _____ *Father's Name _____

*Address _____ *Address _____

City/State/Zip _____ City/State/Zip _____

*Home Phone _____ *Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact #1 _____

Emergency Contact #2 _____

What school does your child attend? _____

Medical Alert – Should your child have any medical conditions we should be made aware of, please list them: (i.e., asthma, allergies, etc.)

I realize there are inherent risks in competitive swimming and I hereby agree to absolve from all liability, The Foothills Pools, the coaching staff, and the Stingray Parent Board.

Parent Signature

Please do not mark below this line

<u>Event</u>	<u>Fee</u>	<u>Date Paid</u>
2009 Insurance	_____	_____
Session I	_____	_____
Session II	_____	_____
Session III	_____	_____
Summer Swim	_____	_____
Summer Deposit	_____	_____
Pool Surcharge	_____	_____
Fall Swim	_____	_____