

Smallwood Marlins Swim Team

2011 Registration Form

Family, Swimmer's Last Name(s) _____ SVSC member # _____

Total Number of Swimmers to be registered: _____

May we list your name(s), phone #'s, and email address in our team contact list Yes ___ No ___

Is your family a Smallwood Pool Member? Yes ___ No ___

If No, a \$100.00 SVSC Swim Team Guest Membership fee will be applied.

(This fee covers pool-based insurance for your swimmer during team events.)

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

Address: _____

Phone Numbers: _____ Swimmer's Phone #/email (optional) _____

Home: _____

Work: _____

Cell: _____

Email Address: (must have) _____

Swimmers Data

Enter your swimmers' data starting with the oldest by birth date.

All swimmers must have a birth certificate or other proof of age on file with the swim team.

Swimmer # 1 \$75.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N

Name: _____ **Gender:** M / F

Date of Birth (mm/dd/yy) _____ **Age:** _____

Special medical needs or conditions: _____

Swimmer # 2 \$55.00 (*Jr. Marlins \$60 ea.*) **Jr. Marlins:** Y / N

Name: _____ **Gender:** M / F

Date of Birth (mm/dd/yy) _____ **Age:** _____

Special medical needs or conditions: _____

Total Corporate Sponsor Donations _____

(additional registration credits are applied for every corporate sponsorship received)

Signature acknowledges that the family has read and agreed to abide by the SVAC Code of Conduct

Signature: _____

