



# Smallwood Marlins Swim Team 2009 Registration Form



**Family Data/Swimmer's Last Name(s)** \_\_\_\_\_ **Jr. Marlins:** Y / N  
 Total Number of Swimmers to be registered: \_\_\_\_\_ (Jr. Marlins \$60 ea.)

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 \$75.00 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:** Y / N  
 Name: \_\_\_\_\_ **Gender:** M / F  
 Date of Birth (mm/dd/yy) \_\_\_\_\_ **Age** \_\_\_\_\_  
 Special medical needs or conditions: \_\_\_\_\_ (Jr. Marlins \$60 ea.)

**Swimmer # 2**                      \$55.00                      **Jr. Marlins:** Y / N  
 Name: \_\_\_\_\_ **Gender:** M / F  
 Date of Birth (mm/dd/yy) \_\_\_\_\_ **Age** \_\_\_\_\_  
 Special medical needs or conditions: \_\_\_\_\_ (Jr. Marlins \$60 ea.)

**Total Corporate Sponsor Donations** \_\_\_\_\_  
 (additional registration credits are applied for every corporate sponsorship received)

## Enter Additional Swimmers Data

Enter your additional swimmers' data continuing 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 # 3**                      \$35.00                      **Jr. Marlins:**    Y / N  
Name: \_\_\_\_\_                      Gender:    M / F  
Date of Birth (mm/dd/yy)                      \_\_\_\_\_                      Age \_\_\_\_\_  
Special medical needs or conditions: \_\_\_\_\_                      (*Jr. Marlins \$60 ea.*)

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**Swimmer # 4**                      \$15.00                      **Jr. Marlins:**    Y / N  
Name: \_\_\_\_\_                      Gender:    M / F  
Date of Birth (mm/dd/yy)                      \_\_\_\_\_                      Age \_\_\_\_\_  
Special medical needs or conditions: \_\_\_\_\_                      (*Jr. Marlins \$60 ea.*)

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**Swimmer # 5**                      \$15.00                      **Jr. Marlins:**    Y / N  
Name: \_\_\_\_\_                      Gender:    M / F  
Date of Birth (mm/dd/yy)                      \_\_\_\_\_                      Age \_\_\_\_\_  
Special medical needs or conditions: \_\_\_\_\_                      (*Jr. Marlins \$60 ea.*)

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**Swimmer # 6**                      \$15.00                      **Jr. Marlins:**    Y / N  
Name: \_\_\_\_\_                      Gender:    M / F  
Date of Birth (mm/dd/yy)                      \_\_\_\_\_                      Age \_\_\_\_\_  
Special medical needs or conditions: \_\_\_\_\_                      (*Jr. Marlins \$60 ea.*)

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