



TBAY Hunter's Green Swim Team 2008 Registration Form

Parent/Guardian Name _____ Member Number _____

Address _____

Phone Number _____ Cell Phone _____

Email _____

*Communication is key to a successful program. If you have a current email address, we ask that you please list it, so we can send you up-dates throughout the season and keep you involved in the program as much as possible.

Swimmer Name (include Middle Initial): _____

D.O.B. _____ Age: _____

Swimmer Name (include Middle Initial): _____

D.O.B. _____ Age: _____

By signing this form, you understand that your Hunter's Green member account will be charged monthly sometime during the first week of every month. If you are a **guest**, we will need a **check**, due by the same time. If we have notice prior to the first of the month that your child is not participating in the upcoming month then you will not be charged. ***We strongly suggest making at least a three-month commitment to the program.***

Monthly Fees; member/guest:

Developmental; \$50/ \$70 Pre-competitive; \$55/75 Competitive \$55/75

Member/Guest Signature _____

MEDICAL RELEASE FORM

The Parent(s)/ Legal Guardian of _____, do hereby appoint TBAY-Hunter's Green Swimming and it's representatives to act on my/our behalf in authorizing unexpected medical, dental, or surgical care and/or hospitalization for the named swimmer during the course of any swim team function provided I/We are not in attendance and/or available. (Every attempt will be made to contact parent/ guardian).

Parent/Guardian Signature _____ Printed Name _____ Date _____

Emergency Contact (other than parent) _____ Phone Number _____

Physician _____ Office Phone _____

Allergies of any kind? _____

Medical conditions we need to know about?
