

2010 STSC Swim Team Registration

Swimmer: _____ Boy: _____ Girl: _____

Age: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent / Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Is there anything related to the swimmer's physical condition STSC should know about?

Yes No If yes, please explain: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

MANDATORY FEES:

STSC Member \$70 per swimmer (\$175 family cap)

Bill Account Check # _____ Visa/MC Cash

Non-Member \$110 per swimmer

Check # _____ Visa/MC Cash

OPTIONAL FEES:

Swim Team T-shirt \$10 Size (circle one): Childs S M L Adults: S M L XL

Liability Waiver: PLEASE READ CAREFULLY AND SIGN BELOW

I hereby declare that as the parent or legal guardian of the above minor and that in consideration of the benefits to be acquired by him or her from participating in the STSC Swim Team program, I hereby waive and forever discharge the Salem Tennis & Swim Club, its officers, board members, and employees from any and all suits or liability of any nature whatsoever and on behalf of said minor so covenant that no action or suit in equity shall ever be brought against the Salem Tennis & Swim Club.

I hereby authorize Salem Tennis & Swim Club and its employees to secure any necessary emergency medical treatment for said child, agree to pay for such services, and to save the Salem Tennis & Swim Club and its employees harmless there from.

The provisions of this instrument shall be binding on my heirs, executors, successors and assigns as well as the said minor child.

Signature of Parent / Legal Guardian of Minor

Date