



# Willoughby Stingers Swim Team Registration Summer, 2008

**Please print legibly. There are two sides to this form.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

*FYI: Swimmers are grouped as follows: 8 and Under; 9-10; 11-12; and 13-15. The age group is determined by the swimmer's age as of June 1<sup>st</sup>.*

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone(s) \_\_\_\_\_

E-mail \_\_\_\_\_

All parents are required to assist the swim team in at least one of the following: Please check one or more:

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Announcer                | <input type="checkbox"/> Equipment    | <input type="checkbox"/> Scorekeeper   |
| <input type="checkbox"/> All-Night Swim           | <input type="checkbox"/> Finish Judge | <input type="checkbox"/> Starter       |
| <input type="checkbox"/> Awards Banquet           | <input type="checkbox"/> Official     | <input type="checkbox"/> Team Pictures |
| <input type="checkbox"/> Bulletin Board/Mailboxes | <input type="checkbox"/> Publicity    | <input type="checkbox"/> Timer         |
| <input type="checkbox"/> Concessions              | <input type="checkbox"/> Record Board |  |
| <input type="checkbox"/> 8 & Under Organizer      | <input type="checkbox"/> Runner       |  |

Would you be interested in attending the timers/officials clinic, held prior to the beginning of the season?  
 yes  no

***FYI: To participate on the swim team, a pool pass must be purchased from the City of Willoughby Recreation Department. Please do this prior to the first practice.***

Please indicate a tee-shirt size for each swimmer registering:  
 Adult size(s):  small  medium  large  extra large  
 Youth size(s)  medium  large

Checks should be made payable to **Willoughby Swim Team**. Fees: \$55.00/swimmer; \$110/family maximum.

<i>(Swim Team Use Only)</i>		
Family Name _____	Team Fee _____	
Amount \$ _____	Check # _____	Cash _____
Swim Cap _____	T-shirt _____	

OVER



# Willoughby Swim Team Permission Form Summer, 2008

**Please print legibly.**

Family Name \_\_\_\_\_

I hereby grant permission for my child/children

\_\_\_\_\_  
\_\_\_\_\_

to participate on the Willoughby Stingers Swim Team. I agree for myself and my child/children to hold harmless the City of Willoughby, the Willoughby Swim Team, its officers, trustees, coaches, and agents, for any and all injuries that my child/children may sustain while participating on the Willoughby Swim Team, including traveling to and from any event. I confirm that my child/children is/are covered by some form of insurance, and I will look to my insurance carrier in the event of injury. I further give my permission for medical treatment in the event of an emergency.

In the event of any emergency, please call:

\_\_\_\_\_ at \_\_\_\_\_  
Name Telephone number

\_\_\_\_\_ Date

**How would you like to receive your swim team correspondence via e-mail?  
(It will get to you and it won't be soggy!)**

**YES, I would like to receive swim team correspondence via e-mail.**  
**E-mail address** \_\_\_\_\_  
(please print clearly)

**NO, I prefer to receive swim team correspondence in the swim team mailboxes.**