

**Brookhaven Swim Club**

P O Box 1011, Brookhaven, PA 19015

610-872-9085

brookhaven1swimclub@comcast.net (team information only)

**BROOKHAVEN SWIMMING & DIVING TEAM 2009 REGISTRATION**

All children swimming or diving for BSC must be registered and have an eligibility card available at the table during each meet. Please complete the following and return to the coach(es) as soon as possible.

**-- PLEASE PRINT --**

Parent/Guardian

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

A \$40.00 family registration fee is required. This amount will be refunded once volunteer obligations have been met. Your check must accompany this registration.

Child #1 (PLEASE INDICATE YOUTH OR ADULT and SMALL, MEDIUM, LARGE OR X-LARGE)

Name \_\_\_\_\_ Swimmer/Diver \_\_\_\_\_ Age as of 6/1/09 \_\_\_\_\_ Date of Birth \_\_\_\_\_

SIZE OF: T-Shirt \_\_\_\_\_ Sweatshirt \_\_\_\_\_ Shorts \_\_\_\_\_ Jacket \_\_\_\_\_

Child #2

Name \_\_\_\_\_ Swimmer/Diver \_\_\_\_\_ Age as of 6/1/09 \_\_\_\_\_ Date of Birth \_\_\_\_\_

SIZE OF: T-Shirt \_\_\_\_\_ Sweatshirt \_\_\_\_\_ Shorts \_\_\_\_\_ Jacket \_\_\_\_\_

Child #3

Name \_\_\_\_\_ Swimmer/Diver \_\_\_\_\_ Age as of 6/1/09 \_\_\_\_\_ Date of Birth \_\_\_\_\_

SIZE OF: T-Shirt \_\_\_\_\_ Sweatshirt \_\_\_\_\_ Shorts \_\_\_\_\_ Jacket \_\_\_\_\_

(PLEASE USE REVERSE FOR ADDITIONAL CHILDREN)

I WOULD BE WILLING TO:

Time \_\_\_\_\_ Score \_\_\_\_\_ Sell 50/50 \_\_\_\_\_ Help w/Parties \_\_\_\_\_ Chaperone Dances \_\_\_\_\_

I, \_\_\_\_\_, as parent/guardian for the above named child(ren), willingly agree to accept all responsibility and to release and hold harmless Brookhaven Swim Club, the Board of Governors, and staff with respect to any and all injury, disability, death, loss or damage to person or property, that may result from said child's participation in the Swimming/Diving program.

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

PLEASE PROVIDE A VALID EMAIL ADDRESS BELOW FOR FUTURE CONTACT