

LAKE HIAWATHA AQUATIC TEAM REGISTRATION FORM 2017 Season

Swimmer Information – Please print

Last Name	Full First Name	DOB	M/F	Age as of 6/1/17	Team? (S/D/B)	T-shirt size (Youth/Adult S/M/L)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Please list any health issues that the coaches should be aware of _____

Parent/Guardian Information

Last Name: _____ First Name(s) _____

Address: _____ City _____ Zip _____

Home Tel#: _____ Cell Phone #: _____

E-mail: _____ Emergency Contact # _____

A volunteer fee of 50 dollars will be added to each application and will be refunded at the end of the swim season once at least one volunteer duty has been fulfilled. SEPARATE CHECK PLEASE

Swim Team Volunteer Section

50/50 fund raisers	Dates TBA	Runner:	Home/Away meets
Car wash	Date TBA	Table scorer	Home/Away meets
Set Up/Breakdown: ____	(Home meets only)	Official	Home/Away meets
Concessions: ____	(Home meets only)	Timer	Home/Away meets
Announcer: ____	(Home Meets only)	Head Timer	Home/Away meets
Head Timer: ____	(Home/Away meets)		

AGREEMENT: The Lake Hiawatha Swim Club and swim team is not responsible for any injuries of any kind either at practice or at a swim meet either on or off the LHSC property. By signing this, you agree not to hold LHSC/LHCC responsible for any injuries on or off the grounds. It is assumed that your children are in good health and able to participate in athletic activities.

Parent Signature x _____ Date _____ Print parent name _____

Swim Team Fee \$75 per child \$150 family cap	Swim Team Fee _____
Refundable \$50 Volunteer fee per family	Volunteer fee \$50
Volunteer duty preformed _____	Total Fees collected _____
Volunteer Refund Date _____	

Questions: Swim Team –Bryana Cielo
Swim team committee -

Email: bryanacielo@gmail.com