

2010 - Arlington Park Swim and Dive Team Registration

**If you have more than one child to register, please use this one form for ALL children.
More than 3 children to register, please complete 2 forms and staple together.**

Please **PRINT**

CHILD'S First Name _____ Last Name _____

Please Circle Team(s): SWIM PREP DIVE

Date of Birth ____ / ____ / ____ Age on May 31 ____ Circle: Male or Female

School attended as of May 1 _____ Grade _____

CHILD'S First Name _____ Last Name _____

Please Circle Team(s): SWIM PREP DIVE

Date of Birth ____ / ____ / ____ Age on May 31 ____ Circle: Male or Female

School attended as of May 1 _____ Grade _____

CHILD'S First Name _____ Last Name _____

Please Circle Team(s): SWIM PREP DIVE

Date of Birth ____ / ____ / ____ Age on May 31 ____ Circle: Male or Female

School attended as of May 1 _____ Grade _____

Email Address (one per family) _____

(It is important to supply the team with an email address which will be viewed often for up-to-date team/meet/practice information)

Child's Home Address _____ Phone: _____

Father's Name _____

Address (if different from child) _____

Father's Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Name _____

Address (if different from child) _____

Mother's Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Swim Team Fee:	Resident	\$75.00 (after 4/21 \$100.00)	X _____
	Non-Resident	\$100.00 (after 4/21 \$125.00)	(number of registrants)
Dive Team Fee:	Resident	\$75.00 (after 4/21 \$100.00)	X _____
	Non-Resident	\$100.00 (after 4/21 \$125.00)	(number of registrants)
High School Fee:		\$40.00 (after 4/21 \$65.00)	X _____
Optional Garage Sale:	Yes / No	\$10.00	
Apparel:	Yes / No		
(description of apparel ordered at registration)			
Paid by: <input type="checkbox"/> Check # _____			TOTAL DUE:
<input type="checkbox"/> Cash			

I (WE) UNDERSTAND AND AGREE THAT THE ARLINGTON PARK SWIM AND DIVE TEAM AND THE ARLINGTON PARK ASSOCIATION, INC. ARE NOT RESPONSIBLE FOR ANY INJURIES OR LOSSES SUFFERED BY ANY TEAM MEMBER OR VOLUNTEER WORKER ARISING OUT OF ANY TEAM ACTIVITIES.

Parent's Signature _____

Date _____