

Paid Amt. _____
Family Total? ___
Check No. _____

Ashbourne Swim Team - 2017
Swimmer Information and Permission Form

Fees:
\$35 single swimmer
\$70 family

Swimmer Information

Swimmer Name: _____ Bond #: _____
Address: _____
Date of Birth: _____ E-Mail*: _____
Home Phone: _____
Parent or Gardian Name: _____
Work Phone: _____ Cell/Pager: _____
Parent or Gardian Name: _____
Work Phone: _____ Cell/Pager: _____

Swimmer will not be available for the following meets: _____

Please use an email that will be checked on a regular basis by parent or guardian
Additional emails can be included here: _____

Health Information

If not available in an emergency, please notify:

Name: _____ Phone #: _____

Doctor: _____ Phone #: _____

Any allergies? Yes _____ No _____

If yes, please list allergies _____

Any Health Problems? Yes _____ No _____

If yes, please list any problems the coaches should be aware of _____

Volunteer Sign Up

I will be able to volunteer with (please circle all that apply)

Timer	Announcer	Snack Bar	Social Activities	Line Up
Ribbons	Starter	Scorer	Stroke & Turn Judge	

My child has permission to swim for Ashbourne Swim Team.

Signature of Parent or Guardian

Date