

Paid Amt. _____

Family Total? _____

Check No. _____

Ashbourne Swim Team—2010

Swimmer Information and Permission Form

Swimmer Information

Swimmer Name: _____ Bond#: _____

Address: _____

Date of Birth: _____ E-Mail*: _____

Parent or Guardian Name: _____

Employment: _____ Work Phone: _____

Home Phone: _____ Cell/Pager: _____

Parent or Guardian Name: _____

Employment: _____ 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

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 Line Up Ribbons Starter

Snack Bar Social Activities Scorer Stroke & Turn Judge

My child has permission to swim for Ashbourne Swim Team.

Signature of Parent or Guardian

Date