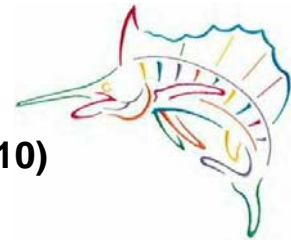


## Mountain View Swim Club Swim Team Registration Form (2010)



### Swimmers Information:

(1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 (2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
 (1) Sex (M/F): \_\_\_\_\_ Age as of 6/1/2007: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 (2) Sex (M/F): \_\_\_\_\_ Age as of 6/1/2007: \_\_\_\_\_ Birthdate: \_\_\_\_\_

### Family Information:

Mother's name: \_\_\_\_\_ Phone- Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
 Father's name: \_\_\_\_\_ Phone- Home: \_\_\_\_\_ Work/Cell: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone (H, W, or C): \_\_\_\_\_  
 Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Does your child have any special medical problems? Yes No  
 If Yes, Please indicate and include any medications: \_\_\_\_\_

### Volunteer List (Please Check at Least One)

- Timers
- Runners
- Stroke & Turn Judges
- Finish Judges
- Score Table
- Food Stand
- Setup/Teardown Crew Total:
- Scoring/Computer Operations
- Fundraising

### Fees

- Member: \$60.00
  - 2nd Member: \$40.00
  - Non-Member: \$75.00
  - 2nd Non-Member: \$45.00
  - Fundraiser buyout: \$40 per family
- Paid: Cash / Check# \_\_\_\_\_  
 (Swim-athon & Theo's Fundraiser Options)

I, the parent or guardian of the applicant, hereby give permission for my child to participate for the Mountain View Swim Club, Swim Team during the summer season. I certify that the child is in good health and physically able to participate. I absolve, indemnify and hold harmless the Mountain View Team, Club, coaches, and assistants. I realize that I may be required to use my personal insurance coverage, or be otherwise responsible for any expenses resulting from injury. I will furnish, if requested, a certified birth certificate for my child.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to: Mountain View Swim Club**

**Mail completed form and payment to:  
 Charles Fortney  
 7880 Valleyview Ave  
 Harrisburg, Pa. 17112  
 (717-526-2025)**