

# Merrimack Park Swim Team Registration - 2009

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## Family Information

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Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother Phone Number: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Father Phone Number: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_

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## Swimmer Information

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SWIMMER NAME (FIRST, LAST)	BIRTHDATE	AGE AS OF JUNE 1

**You must select at least 2 or more dates you are available to volunteer:**

**TIME TRIALS**

June 7

**A MEETS**

June 20

June 27

July 4

July 11

July 18

**B MEETS**

June 24

July 1

July 8

July 15

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## Emergency Contact

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Name: \_\_\_\_\_

Phone Number: Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

In the event of illness or injury to my child(ren), I understand that every reasonable effort will be made to contact a parent or guardian, but when circumstances do not permit such contact, I hereby authorize the swim team coaching staff to select and obtain medical services as they deem appropriate.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Payment Information

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Summer 2009 registration fee is \$65.00 per swimmer. Make checks payable to MPRA.  
Any questions please contact Maura Burke merleyfamily@verizon.net.

Amount Paid: \_\_\_\_\_  Check  Cash