

Merrimack Park Swim Team Registration - 2010

Family Information

Last Name: _____

Address: _____

Mother Phone Number: Cell _____ Home _____ Work _____

Father Phone Number: Cell _____ Home _____ Work _____

Email Address: _____

Swimmer Information

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 12

A MEETS

- June 19
- June 26
- July 3
- July 10
- July 17

B MEETS

- June 23
- June 30
- July 7
- July 14

Emergency Contact

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: _____

Payment Information

Summer 2010 registration fee is \$70.00 per swimmer. Make checks payable to MPRA.
Any questions please contact Maura Burke merleyfamily@verizon.net.

Amount Paid: _____ Check Cash