

**Accokeek Swim Team (AST) – 2010 Registration Form**

Fees: Operation Fee \$50.00 per family  
+ Team Membership \$59.00 per swimmer  
Mini Gators \$54.00 per swimmer  
**Total Due** \_\_\_\_\_

Date Paid: \_\_\_\_\_  
Check: \_\_\_\_\_  
Cash: \_\_\_\_\_

1. Swimmer's Name/Size: \_\_\_\_\_ Age as of 5/31/10 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
2. Swimmer's Name/Size: \_\_\_\_\_ Age as of 5/31/10 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
3. Swimmer's Name/Size: \_\_\_\_\_ Age as of 5/31/10 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Tel: (301) \_\_\_\_\_  
\_\_\_\_\_ Work Tel: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Tel: (301) \_\_\_\_\_  
\_\_\_\_\_ Work Tel: ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

1. Emergency Contact/Relationship: \_\_\_\_\_  
Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

2. Emergency Contact/Relationship: \_\_\_\_\_  
Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

◆ **Date of last tetanus shot:** \_\_\_\_\_

◆ **Are there any health, physical, psychiatric or behavioral issues/concerns coaches should be aware of?**  
\_\_\_\_\_

Physician/Phone: \_\_\_\_\_ (301) \_\_\_\_\_

*MY CHILD PLANS TO PARTICIPATE IN ALL MEETS.*

*MY CHILD **WILL NOT** PARTICIPATE IN THE FOLLOWING MEETS:*

- |  |  |
|--|--|
| <input type="checkbox"/> <b>JUNE 19 (away)</b> | <input type="checkbox"/> <b>JULY 10 (home)</b>       |
| <input type="checkbox"/> <b>JUNE 26 (home)</b> | <input type="checkbox"/> <b>JULY 17 (home)</b>       |
| <input type="checkbox"/> <b>JULY 03 (away)</b> | <input type="checkbox"/> <b>JULY 24 (Divisional)</b> |

Referred by AST Team Member: \_\_\_\_\_

I give permission for my child/children to participate in all activities involving the Accokeek Swim Team during the 2010 season. I give permission for my child to receive emergency medical care, and in case of serious injury, to be transported by ambulance to the nearest hospital. I understand that Prince-Mont Swim League Rules require pool membership.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I will volunteer (please circle one) as -- meet timer - home meet set-up – concessions - spirit or fundraising activity