

OAKHURST ORCAS

2009 Team Registration

Please complete the following form, one per family. Your swimmer's age group is determined by the participant's age as of June 1, 2009. The medical release covers all individuals listed.

Swimmer's Information:

Last Name:	First Name:	M/F	Date of Birth:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fee Information:

\$110 per swimmer. Please make checks payable to "Oakhurst Swim Team". Completed form and registration fees must be submitted by May 25, 2009 to Pam Turner, 664 Waterbury Drive (585-1663). Get it in quickly and save money. Early registration by May 14, 2009 is only \$100!

Family Information:

Father's Name:	_____	Mother's Name:	_____
Street Address:	_____		
Phone # (Home):	_____	Cell:	_____
Emergency Phone:	_____	E-Mail:	_____

Medical Release:

In case of emergency, I hereby give permission to the attending physician to hospitalize and secure proper treatment of surgery as needed for my above named children.

(Parent or Guardian Signature)	(Date)
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Meet Volunteer Information:

Please circle the dates that at least one parent will volunteer to work at a swim meet. A total of **five** meets, with either three or four home and one or two away meets are required. Each family will get their assignment sheet in early June.

Job Preferences

(First Come First Serve)

Home:	6/18	6/25	7/2	7/7	7/14
Away:	6/11	6/16	6/23	6/30	7/9