



**Coming Soon:
Summer Swim
Team Sign-Up
May 10 and 12
7:00 pm-9:00 pm**
contact Swim Team Rep Scott Bogren
at scottbogren@gmail.com with any
questions....

Sign-Up Today for the Waters Landing Thunder Swim Team

- ✓ Fun, Family-Friendly, Community-Based Team
- ✓ Keep Your Kids Active as School Ends for the Summer
- ✓ It's Affordable — Just \$80 per Swimmer Covers Practices and Activities Every Weekday, June 1 through end of July
- ✓ Opportunities to Volunteer and Earn Community Service Hours
- ✓ The Thunder Wants Swimmers of all Ages and Skill Levels. Beginners are Welcome!

**Go to www.waterslandingthunder.org for more details
about your neighborhood, community swim team.
See you at the pool!**

2010 Waters Landing Thunder Swim Team Registration

Family Information		Office Use Only
Parent's / Guardian's Name _____		Cash/ck# _____ Amt _____ Date _____ Rec'd _____ Initial _____
Home Address _____		
Please complete individual swimmer information on the reverse side of this form.		
Mother's Home Phone _____	Father's Home Phone _____	
Mother's Work Phone _____	Father's Work Phone _____	Volunteer Dates Selected Initial _____
Mother's Cell _____	Father's Cell _____	
Mother's E-Mail Address _____	Father's E-mail Address _____	Team Pre-team
Medical Information		
Family Physician _____	Phone Number: _____	
Emergency Contact _____	Emergency Phone _____	New Returning

Authorization	
<p>I hereby authorize the administration of emergency medical treatment to the Swimmer(s) listed on the back of this form, if such treatment should be necessary. Understanding and assuming all the risks inherent in Swim Team Participation, I hereby release, indemnify and hold harmless the Waters Landing Association, Inc. and its members, directors, officers, agents, and employees from and against any and all claims, injuries, damages, and causes of action, including cost and attorneys' fees, which may arise as a result of, or in connection with, the participation of the Swimmer(s) in the activities of the Swim Team.</p>	
Consent and Agreement	
_____ Swimmers' Name(s)	_____ Parent / Guardian's Name (Printed)
_____ Swimmer's Signature (if 18 years old)	_____ Parent / Guardian's Signature
_____ Street Address	(_____) _____ Phone Number

Volunteer Sign Off	
<p>We understand that each swim team family is responsible to work at least five (5) swim meets _____ Signature</p>	

Photo Release	
<p>I give my permission for my child(ren), listed on the back of this form, to be photographed and allow the Waters Landing Thunder Swim Team to use the pictures in publications and on their website for publicity purposes.</p>	
_____ Check for yes	_____ Signature

Registration fees are: \$80.00 for each swimmer in the family, with a cap of \$200 per family. Registration fees are non-refundable. Make checks payable to Waters Landing Swim Team and bring it to the registration meeting or deliver it to a team rep.

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Individual Swimmer Information

Swimmer Name _____ Birth Date ____/____/____
Sex: M F (circle) Age on June 1, 2010 ____ years
Swimmer's cell _____ Swimmer's Email _____

Medical Information:

Medical Condition _____ Medication _____

Allergies: _____

Swimmer Name _____ Birth Date ____/____/____
Sex: M F (circle) Age on June 1, 2010 ____ years
Swimmer's cell _____ Swimmer's Email _____

Medical Information:

Medical Condition _____ Medication _____

Allergies: _____

Swimmer Name _____ Birth Date ____/____/____
Sex: M F (circle) Age on June 1, 2010 ____ years
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Swimmer Name _____ Birth Date ____/____/____
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