

Gremlins 2018 Swim Team Registration

Swimmers must be able to swim one length of the pool.

Swimmer: _____ Date of Birth: _____ Age: _____

Swimmer: _____ Date of Birth: _____ Age: _____

Swimmer: _____ Date of Birth: _____ Age: _____

Parent Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

E-mail _____ Cell Phone: _____

Doctor's name/Practice: _____ Phone: _____

Emergency contact: _____ Phone: _____

Allergies to medication or other special considerations to note:

First Swimmer _____ @\$85.00= _____ Additional Swimmers _____ @\$65.00= _____

Total Due: _____ (checks payable to: P/G Swim team)

Note: Fees do not include team suit.

Note: All Team members must be a member of either the Pocono Pool or the Greenfield Pool. (NO EXCEPTIONS)

As the parent or legal guardian of the child(ren) named above, I hereby give the Gremlin coaching staff or parent representative permission to authorize medical treatment including but not limited to, emergency room treatment. I hereby release The Gremlins Swim Team and said Recreation/Civic Associations along with the coaching staff or parent representatives from all claims that may arise in the case of the swim team meets or events. I hereby state that my child is free from any physical or health defect(s) in which participating as a team member would be detrimental to his/her health.

Parent/Legal Guardian's Signature: _____