

Swimmer Data Form

Please enter information and return with payment (see below for payment details).

Athlete Information			
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Preferred Name:	<input type="text"/>	Birthdate:	<input type="text" value="MM/DD/YY"/>
<input type="button" value="Build ID"/>	ID # <input type="text"/>	Athlete Cell:	<input type="text"/>
Gender (M,F):	<input type="checkbox"/>	Athlete E-Mail:	<input type="text"/>

Primary Contact	Secondary Contact	Medical	Custom
Primary Mailing Information			
Father's Last:	<input type="text"/>	Father's First:	<input type="text"/>
Mother's Last:	<input type="text"/>	Mother's First:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Mailing Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
Postal Code:	<input type="text"/>	Country:	<input type="text"/>
<input type="button" value="Swap Mother/Father Names, Tele, E-mail"/>		Fill in 'Mail To' if different from first names and last name	
		Mail to: <input type="text"/>	
<input checked="" type="radio"/> Use Primary for Mailing <input type="radio"/> Use Secondary for Mailing <input type="radio"/> Use Both			

Primary Contact Information			
Home Phone:	<input type="text"/>	FAX:	<input type="text"/>
Father			
Office Phone:	<input type="text"/>	Cell:	<input type="text"/>
E-Mail:	<input type="text"/>		
Mother			
Office Phone:	<input type="text"/>	Cell:	<input type="text"/>
E-Mail:	<input type="text"/>		

Registration fees: \$80 first swimmer, \$65 second swimmer, and \$50 each additional swimmer. Make checks payable to Virginia Hills Swim Club.

Release: I give the Virginia Hills Swim Club permission to publish in print, electronic or video format the likeness or image of the above listed swimmers. I release the Virginia Hills Club and their assigns, agents, etc. of any responsibility for any injury to my child/children listed above, incurred during the summer swim team program.

Parent/Guardian signature

date