## Virginia Hills Tidal Wave 2010 Swimmer Registration Form

Swimmer #1		
Last Name	First Name	
Gender M / F	Swimmer cell	
Birthdate (MM/DD/YY)	Swimmer	
	e-mail	
	Fee: \$80	check payable to Virginia Hills Swim Club
Swimmer #2		
Last Name	First Name	
Gender M / F	Swimmer cell	
Birthdate (MM/DD/YY)	Swimmer	
	e-mail	
	Fee: \$65	
Swimmer #3		
Last Name	First Name	
Gender M / F	Swimmer cell	
Birthdate (MM/DD/YY)	Swimmer	
	e-mail	
	Fee: \$50	
Swimmer #4		
Last Name	First Name	
Gender M / F	Swimmer cell	
Birthdate (MM/DD/YY)	Swimmer	
	e-mail	
	Fee: \$50	
779		
Family Father's	Eath and Einst	
Last Name	Father's First	
Mother's	Mother's First	
Last Name	Name Name	
Mailing Address	Ivallic	
Maining Address		
Home Phone		
Father's Work Phone	Father's Cell	
Father's e-mail		
Mother's Work Phone	Mother's Cell	
Mother's e-mail		

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 swim 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