

VIRGINIA HILLS SWIM TEAM REGISTRATION

Family Name: _____

Mother / Father: _____

Address: _____

Home Phone: _____

Work Phone:

Cell Phone:

Email:

Mother: _____

Father: _____

SWIMMER(S)	SEX <i>M / F</i>	BIRTH DATE <i>MM / DD / YY</i>	FEE	TOTAL
			\$80	
			\$65	
			\$50	
			\$50	
			\$50	
			\$50	

Total Amount Due: <i>(Must be paid in full prior to Time Trials)</i> Checks payable to: Virginia Hills 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

Date