



MARLBANK MUDTOADS SWIM TEAM
2014 SUMMER SWIM TEAM REGISTRATION FORM

A. CONTACT INFORMATION

PARENT NAME(S):	
STREET ADDRESS:	ZIP CODE:
HOME PHONE:	CELL PHONE(S):
EMAIL:	

B. CONSENT

SWIM TEAM POLICIES	<i>*Please initial that you have read and understand the team policies.</i>	
1. Each family agrees to volunteer as needed for the Team to run proper meets. Failure to fulfill this obligation may result in swimmer(s) being ruled ineligible to participate in future swim meets.		_____
2. Each swimmer agrees to abide by the GPSA Code of Conduct.		_____
3. I have read and agree to comply with the Mudtoad Team Policies.		_____
4. If your child(ren) is scheduled to swim in the Mini Meet and/or City Meet and he/she does not show up for his/her event(s), it will be your responsibility to reimburse the swim team for all expenses.		_____

C. SWIMMER REGISTRATION:

Please print name as you would want it to appear on the trophy.

	SWIMMER'S NAME	GENDER	DATE of BIRTH	AGE on JUNE 1, 2014	FEE	TOTAL
1.					\$80	
2.					\$80	
3.					\$55	
4.					\$30	

***Registration includes latex swim cap.*

D. TOTAL PAYABLE TO MARLBANK RECREATION ASSOCIATION: \$ _____

E. SIGNATURES: _____ *Parent or Guardian* Date: _____

_____ *Swimmer* Date: _____

_____ *Swimmer* Date: _____

_____ *Swimmer* Date: _____

_____ *Swimmer* Date: _____