

2010 VC/ATC SHARKS

SWIM & DIVE TEAM REGISTRATION

EMAIL (s) _____ CLUB ____ VC ____ ATC

Participant Name	(T-shirt size)	M/F	Birth date --/--/--	Swim/ Dive/Lessons?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Parent 1. _____ Parent 2. _____

Address _____ Address _____

Phone (h) _____	(h) _____
(c) _____	(c) _____
(w) _____	(w) _____

Emergency contact and phone other than above _____

Doctor's name _____ Phone _____

Insurance Co. _____ Phone _____ Policy# _____

I hereby give permission for release of medical information in an emergency to coaches /instructors of the VC/ATC Swim/Dive team and grant permission for them to make a medical decision if necessary.

Parent's signature _____ **Date** _____

Team fees - **\$25/kid** Need a new T-shirt? Add **\$5/shirt** and note size above.
Make checks out to: **"VC/ATC Sharks Swim Team"** A check (**for only the above amounts**) must accompany this registration. Club fees will be billed in July.
Mail: (1) Completed form **(2)** Check **(3)** Signed waiver to:

Abby Hoganson
1135 Elizabeth St. #104 OR Bring all 3 items to the Village Club on April 25th
Denver, CO 80206 or drop off at the VC by 5/7/09 for t-shirt deadline.