

# Steeple Run Stingray Swim Team 2008 Registration

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| <b>Swimmer #1</b> – Boy or Girl<br>Name: _____<br>Date of Birth: _____<br>Age as of May 31: _____ | <b>Swimmer #2</b> – Boy or Girl<br>Name: _____<br>Date of Birth: _____<br>Age as of May 31: _____ |
| <b>Swimmer #3</b> – Boy or Girl<br>Name: _____<br>Date of Birth: _____<br>Age as of May 31: _____ | <b>Swimmer #4</b> – Boy or Girl<br>Name: _____<br>Date of Birth: _____<br>Age as of May 31: _____ |

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

As a member of the SR Swim Team, the Parent/s/Guardians and Swimmers must abide by the Rules of Conduct set forth by the Steeple Run Community Council and the SR Swim Team. Failure to do so by either the swimmer or parent/guardian will result in expulsion for both the swimmer and the parent/guardian from the team.

I consent to my child taking part in the Steeple Run Stingray Swim Team program. I understand that the Swim Team Parents Association, parent volunteers, and coaching staff are not responsible for all activities performed by the swimmers, but that the swimmers do so at their own risk. I grant permission for the swim team coaching staff and/or parent volunteers or Steeple Run Parents Association to obtain and authorize emergency medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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| <b><u>Steeple Run Resident Fees:</u></b><br>1 Swimmer     \$125<br>2 Swimmers    \$120/each<br>3 Swimmers    \$115/each<br>4 Swimmers    \$110/each | <b><u>Steeple Run Non-Resident Fees:</u></b><br>1 Swimmer     \$135<br>2 Swimmers    \$130/each<br>3 Swimmers    \$125/each<br>4 Swimmers    \$120/each |
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**NOTE – Naperville Park District Swim Conference Waiver & Release Form must also be completed.**