



Stonewall Park Swim Team

2009 Registration Form

P.O. Box 1742
Manassas, VA 20108-1742



Parent Information

Name(s): _____

Address: _____

City, State ZIP: _____

Telephone... Home: _____ Work: _____ Cell: _____ Cell: _____

email address: _____

Swimmer Information

First Name	Last Name	Nickname	Sex	Birthdate (mm/dd/yyyy)	Age as of 06/01/2008

Emergency Information

In case of an accidental injury or serious illness, I/we authorize personnel of the City of Manassas or personnel of the Stonewall Park Swim Team, Inc. to contact a physician or hospital for medical services and treatment. It is understood that I/we will assume the responsibility for payment of any rendered services or treatment.

parent/guardian signature _____
date

Please name child(ren) with medical conditions or and regular medications that would be of relevance to the coaching staff or to emergency personnel, should the need arise, in the space below.

Emergency contact's name: _____

Emergency contact's phone numbers: home _____ work _____ cell _____

Volunteer Information

Please mark one or more ways you can support your child as a volunteer. Training can be provided for all positions.

- | | | |
|---|--|--|
| <input type="checkbox"/> clerk of course | <input type="checkbox"/> meet tear down (Sat noon) | <input type="checkbox"/> meet operations |
| <input type="checkbox"/> timer | <input type="checkbox"/> concessions - meets | <input type="checkbox"/> team newsletter |
| <input type="checkbox"/> recorder | <input type="checkbox"/> concessions - practice | <input type="checkbox"/> team website |
| <input type="checkbox"/> scoring table | <input type="checkbox"/> stroke & turn official | <input type="checkbox"/> fund raising events |
| <input type="checkbox"/> meet set up (Friday night) | <input type="checkbox"/> computer support | <input type="checkbox"/> banquet committee |