

Amount: \_\_\_\_\_  
 Cash/Check# \_\_\_\_\_  
 Date: \_\_\_\_\_



# Oxford Hunt Swim Team

## REGISTRATION FORM

Parents: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w/c) \_\_\_\_\_  
(Mom)

\_\_\_\_\_ Phone (h) \_\_\_\_\_ (w/c) \_\_\_\_\_  
(Dad)

Address: \_\_\_\_\_ Email-1: \_\_\_\_\_  
(Must be an Oxford Hunt Address) (Mom)

Email-2: \_\_\_\_\_ Email-3: \_\_\_\_\_  
(Dad) (Other)

Emergency Contact: \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w/c) \_\_\_\_\_

**SWIMMER'S Name**

(Please include any special needs/issues concerning your swimmer on the back of this form)

**Birthdate**  
(mm/dd/yyyy)

**Gender**

**T-shirt Size**

- |          |       |       |                          |
|----------|-------|-------|--------------------------|
| 1) _____ | _____ | M / F | YS-YM-YL<br>AS-AM-AL-AXL |
| 2) _____ | _____ | M / F | YS-YM-YL<br>AS-AM-AI-AXI |
| 3) _____ | _____ | M / F | YS-YM-YL<br>AS-AM-AI-AXI |
| 4) _____ | _____ | M / F | YS-YM-YL<br>AS-AM-AL-AXL |

Please DO NOT include any of my child(ren)'s information on the TEAM ROSTER.

Please include ONLY the following information on the TEAM ROSTER \_\_\_\_\_

(By not checking one of the above boxes, you are giving the swim team permission to include your child(ren)'s information on the TEAM ROSTER which is distributed to all swim team families. The TEAM ROSTER includes names, addresses, ages, phone numbers, and parent names of the swimmers. A TSA ROSTER including names and birthdates of ALL swimmers are required to be given to TSA Reps prior to every meet regardless of what is checked above).

WAIVER: In consideration of the acceptance of \_\_\_\_\_ to the OXFORD HUNT SWIM TEAM, I hereby release and discharge the SWIM TEAM MANAGERS, COACHES, and ORGANIZERS, the HOME OWNERS ASSOCIATION, and OMEGA MANAGEMENT from any injury or loss which might occur during participation and/or travel to and from meets, practices or team functions. I further agree that the team is under no obligation to certify to the fitness of these individuals to participate by means of a physical exam and that such a physical examination, if warranted, is my sole responsibility.

\_\_\_\_\_  
 Parent(s) Signature

\_\_\_\_\_  
 Date

**Registration Fees for the 2009 Swim Season**

1 <sup>st</sup> Child	<b>\$70.00</b>
2 <sup>nd</sup> Child	<b>\$65.00</b>
3 <sup>rd</sup> (or more) Child	<b>\$50.00</b>

**Refund Policy:** The registration fee is non-refundable with the exception of new 6 & under or Jr. swimmers. Any refund request must be made in writing to the Swim Team President.

**LAST DAY TO REGISTER JUNE 10<sup>th</sup>**

*LATE FEE (\$10 per swimmer) will be charged after May 30<sup>th</sup>*