



Granite Swim Team Registration

Registration Fee: \$65 per swimmer.

Is this your first year on the swim team? Yes No

Swimmer's Full Legal Name	Preferred Name	M/F	Birth Date	Age on 06/01/09	Age Level	USA Swimmer?	Paid?

Parent/Guardian Information:

Are you willing to have your name, address, and phone numbers published in a swim team directory? *(This directory will be for swim team use ONLY. It can help coaches find "lost" swimmers, committee members find "lost" parents, or help you find a carpool.)* Yes No

Do you give the Marlins permission to use your child's photograph in newsletters or on the website? Yes No

_____	_____	_____	_____
<i>Mother's Name</i>	<i>Mother's Address</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____
<i>Mother's Home Phone Number</i>	<i>Mother's Work Phone Number</i>	<i>Mother's Cell Number</i>	<i>Email Address</i>
_____	_____	_____	_____
<i>Father's Name</i>	<i>Father's Address</i>	<i>State</i>	<i>Zip Code</i>
_____	_____	_____	_____
<i>Father's Home Phone Number</i>	<i>Father's Work Phone Number</i>	<i>Father's Cell Number</i>	<i>E-mail Address</i>

T-Shirts: The Granite Marlins Swim Team issues team t-shirts every other season. This is an "off" season, which means if you are returning swimmer, you will not receive a new t-shirt. New swimmers WILL receive a t-shirt at the time of registration. Extra t-shirts will be available for purchase.

Age Levels:

Mini-Mite: 6 years old and younger
 Mite: 7 to 8 years old
 Midget: 9 to 10 years old
 Junior: 11 to 12 years old
 Intermediate: 13 to 14 years old
 Senior: 15 to 18 years old

The cutoff date for ageing up to the next group is May 31. Any swimmer with a birthday during the summer after May 31st stays in the younger age group.

For Registrar Only:

Swim Booklet Distributed: Number of Caps Distributed: Number of T-Shirts Distributed:

Emergency Information

Last Name: _____

Children's Names: _____

Parents' Names: _____

Parents' Phone Number: _____

Phone # that can be used to contact parent during a meet: _____

Physician's Name: _____

Physician's Phone Number: _____

Health Insurance Provider: _____

Health Insurance Number: _____

Emergency Contact (other than parent): _____

Emergency Contact's Phone Number: _____

Do any of the swimmers have a medical condition of which the coaches should be aware? Yes No

If yes, please explain: _____

Medical Permission

As the parent or legal guardian of _____, members of Granite, I acknowledge that my child/children will participate in practices, swim meets, and other swim team events.

If my child/children require medical attention, I hereby give Granite, its coaching staff or designee, permission to authorize medical treatment including, but not limited to, emergency room treatment.

I hereby release Granite, its coaching staff or designee from all claims that may arise out of the exercise of this authority.

Signature of Parent or Guardian

Date

