

FRANKLIN TOWNSHIP SWIM CLUB

SWIMMER REGISTRATION

August 30, 2010-July 2011

Email and the FTSC website is the primary form of communication within the club. This may include updates, changes in practice times, meet information, etc. Please be sure to print your email address correctly and clearly. Thank you.

www.ftswimming.org

Last First M.I. (SWIMMER'S NAME)

Address City/State/Zip

MALE / FEMALE BIRTH DATE _____ PRESENT AGE _____ GRADE IN SCHOOL _____

SCHOOL NAME _____

TSHIRT SIZE (CIRCLE ONE) YS YM YL AS AM AL AXL A2XL

MOTHER/GUARDIAN'S NAME _____

ADDRESS (IF DIFFERENT THAN SWIMMER) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____

FATHER/GUARDIAN'S NAME _____

ADDRESS (IF DIFFERENT THAN SWIMMER) _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMPLOYER _____ OCCUPATION _____

EMAIL ADDRESS _____

INSURANCE COMPANY _____ PHYSICIAN _____

HOSPITAL PREFERENCE _____ ALLERGIES _____

HOW DID YOU HEAR ABOUT FTSC? _____

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SWIMMER RELEASE

In consideration of my child and/or family being permitted to participate in the Franklin Township Swim Club program, I hereby acknowledge that I am fully aware of all the risks involved in such participation, and I release and agree to hold harmless the Franklin Township Community School system, their governing bodies, agents, and employees, as well as the Franklin Township Swim Club, their governing bodies, agents, and parents from any and all liability for property damage, personal injury or death arising out of my child's and/or families participation in said program.

I further agree to see that my child and any family member abide by all rules and regulations governing his/her participation in said program and state that there is no medical reason which would prevent his/her safe participation.

I understand that I will be required to maintain a minimum balance of \$60 per swimmer in my family for meet entry fees that will be incurred over the course of the year. I agree to recharge my account as needed to maintain a minimum balance over the course of the year. Upon withdrawal from the club, I understand that any remaining balance in my meet fund will be refunded to me.

Signature of Parent or Legal Guardian

Today's Date

PERMISSION TO PUBLISH CONTACT INFORMATION

FTSC publishes a phone and email contact book which is made available to club members that lists all registered swimmer families' telephone and email information to be used ONLY by other registered swimmer families.

This can be a very valuable tool for you in allowing you to contact other club families for possible carpooling to practices and meets. This will also help our club to get to know each other better outside of regularly scheduled swim times.

We would like to bring our club closer together with more of a feeling of community, or friendship.

We will not publish any private information without your written consent, so if you wish to be included in the club directory, please sign below.

We will have the directory published and distributed as soon as possible.

I give FTSC permission to publish my family contact information for club use only: _____
Signature of Parent or Legal Guardian

For Club Use Only

New Member _____

Existing Member _____

Swim Cap received _____

T-shirt ordered _____

Fees Due at Registration:

Age Group: Storm (2) _____
Thunder (3) _____
Lightning (4) _____
Flashes (5) _____
High School _____
Middle School _____

Amount Due: _____

Meet Fund Initial Payment (due by Oct. 1st): _____

Monthly Payment Plan: _____

Merchandise purchased _____

Single Payment: _____

Total Fees Due _____

Total Payment Received _____

Paid by: _____

Check # _____

Cash _____