

## COHASSET SWIM AND DIVING TEAM 2010 REGISTRATION FORM

Please note that ALL swimmers will be REQUIRED to swim at designated practice times ONLY.  
Parents are required work three meets to fulfill the volunteer commitment. Please check and sign below.

Last name \_\_\_\_\_

First child name \_\_\_\_\_

DOB \_\_\_\_\_

Second child name \_\_\_\_\_

DOB \_\_\_\_\_

\_\_\_\_Swimming \_\_\_\_Diving

Swimming Diving\_\_\_\_\_

\_\_\_\_Male \_\_\_\_Female

\_\_\_\_Male \_\_\_\_Female\_\_\_\_

\_\_\_\_Member Since

\_\_\_\_Member Since

Third child name \_\_\_\_\_

DOB \_\_\_\_\_

Fourth child name \_\_\_\_\_

DOB \_\_\_\_\_

\_\_\_\_Swimming \_\_\_\_Diving

Swimming Diving\_\_\_\_\_

\_\_\_\_Male \_\_\_\_Female

\_\_\_\_Male \_\_\_\_Female\_\_\_\_

\_\_\_\_Member Since

\_\_\_\_Member Since

Address \_\_\_\_\_ City/State \_\_\_\_\_

\_\_\_\_\_/Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_

Email (s) \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Insurance/Policy # \_\_\_\_\_

### Registration Fees

Swimming: 1 child \$125 \_\_\_\_2 children \$215 \_\_\_\_3 children \$285 \_\_\_\_4 children \$355 \_\_\_\_  
(\$70/additional)

Diving: 1 child \$110 \_\_\_\_2 children \$195 \_\_\_\_3 children \$260 \_\_\_\_4 children \$325 \_\_\_\_  
(\$65/additional)

Donation: \_\_\_\_\_

Total: \_\_\_\_\_

**ABSOLUTELY NO REFUNDS WILL BE GIVEN AFTER JUNE 10, 2010**

I agree to commit to the following three meets: 7/9 \_\_\_\_\_ 7/16 \_\_\_\_\_ 7/23 \_\_\_\_\_ 7/30 \_\_\_\_\_  
8/6 \_\_\_\_\_ Champ. 8/13 or 8/14 \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

**COHASSET SWIM AND DIVING TEAM  
2010 REGISTRATION FORM**

Please note that ALL swimmers will be REQUIRED to swim at designated practice times ONLY.  
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(Note: Please contact the Swim and Dive Team and put in writing if you are experiencing financial difficulties).

Please make check payable to CSDT.

As the parent or legal guardian of the above-referenced swimmer(s) and/or diver(s), I hereby waive any claim against the Cohasset Swim Center, coaches, and members of the Cohasset Swim and Diving Team Steering Committee, for any and all causes which may arise in connection with any activities conducted under the auspices of the Cohasset Swim and Diving Team. I also give my permission to the Cohasset Swim and Diving Team, staff and volunteers, to seek any necessary medical care for my child(ren) for whom I assume full responsibility for any costs incurred.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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I agree to commit to the following three meets: 7/9 \_\_\_\_\_ 7/16 \_\_\_\_\_ 7/23 \_\_\_\_\_ 7/30 \_\_\_\_\_  
8/6 \_\_\_\_\_ Champ. 8/13 or 8/14 \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_