

**COHASSET SWIM AND DIVING TEAM
NEW SWIMMER/DIVER
2011 REGISTRATION FORM**

*Please note that ALL swimmers will be REQUIRED to swim at designated practice times ONLY.
Parents are required work two 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

Address

City/State/Zip

Parent's Name

Email (s)

Home phone

Cell phone

Emergency Contact Name

Phone/Cell

2nd 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: _____

Please make check payable to CSDT.

*(Note: Please contact the Swim and Dive Team
in writing if you are experiencing financial difficulties).*

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: _____

I agree to commit to working the following two meets:

7/8___ 7/15___ 7/22___ 7/29___ 8/5___ Champ. 8/12 - 8/13___

Parent or Guardian: _____