

**2009-2010 WINTER REGISTRATION FORM
PETERBOROUGH WAVE SWIM CLUB
39 Greenwood Rd., Dublin, NH 03444**

(Please Print)

Swimmers

Legal Name _____ Age _____ DOB _____ M F
Last First M.I.

Billing Address _____ Town _____ Zip _____

E-mail Address _____ / _____

Mother's Name _____ Evening Phone _____
Last First

Address _____

Father's Name _____ Day Phone _____
Last First

Address _____

Contact information is for team use only.

PERMISSION FOR MEDICAL TREATMENT

In the event of any emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by Peterborough Wave Swim Club's coaching staff to attend my child.

Swimmer's Name

I expect every effort will be made in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Signed _____

Family Doctor _____ Phone _____

Does your child have any emotional and/or medical problems that it might be important for the coaching staff to know?

Allergies? Heart Murmurs? Other? (Explain on separate sheet of paper)

In consideration of the offer of the Peterborough Wave Swim Club (PWSC), a non-profit organization to provide supervised swimming instruction and competitive swimming for the children of Peterborough and surrounding communities, we, the parents and/or guardians of the above named child do hereby give our consent and approval of his/her participation in any and all such activities conducted by PWSC and agree that in the event of said child's participation therein, to indemnify and hold blameless the Board, Team Members, Supervisors, Coaches, Agents and Representatives, whether paid or unpaid, jointly or severally from all liability whatsoever of any injury or injuries sustained by said child, whether during instruction, practice, training, competition, related transportation or while otherwise directly engaged in such swimming activities under the direction and supervision of the Peterborough Wave Swim Club and Board.

Signed _____ Date _____

Cost: \$700.00/swimmer. This includes required US Swim membership fees.

1st payment of \$234.00 due upon registration.

2nd payment of \$233.00 due Dec 1st.

Final payment of \$233.00 due by Jan 1st.

There is a 5% late fee on all past due accounts over 30 days beyond due date!

Make check payable to: PWSC (Mail to: PWSC, 39 Greenwood Rd., Dublin, NH 03444)