WASHINGTON BOROUGH RECREATION DEPARTMENT
SWIM TEAM 2010

NON-REFUNDABLE REGISTRATION FEE

Boro Resident $50 per participant, not to exceed $125 per family
Non-Boro Residents $100 per participant, not to exceed $250 per family

SWIM TEAM PARTICIPANTS MUST PURCHASE POOL MEMBERSHIP,
DEDUCTING SWIM TEAM FEE FROM POOL MEMBERSHIP FEE

Please make checks payable to Borough of Washington

Enrollment can be limited at the Recreation Department's discretion

PLEASE PRINT:

Parent or Guardian Name _____

Player's Name_____Male _____ Female _____

Date of Birth_____ Age _____ Grade _____ Phone # _____

Cell Phone #_____ Email address:_____

Home Address _____City/State_____ Zip Code _____

PHYSICIAN _____ **PHONE#**_____

DENTIST _____ **PHONE #** _____

EMERGENCY CONTACTS:

1._____ **PHONE #** _____

2. _____ **PHONE #** _____

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS OR ANY OTHER CONDITIONS THAT MAY IMPACT THE PARTICIPANT'S PLAY:

_____

_____

VOLUNTEERS ARE ALWAYS NEEDED!

I am willing to (circle one) concession worker hospitality worker marshal timer
meet official runner scorer

Circle level of NYSCA certification held and indicate in which sport(s) certification is held:

LEVEL 0 1 2 3 Lifetime Sport(s)
_____

We assume all risks and hazards incidental to such participation arising out of any and all activities whether the result of negligence or any other cause except to the extent and in the amount covered by excess accident and/or liability insurance held by the local league. We do hereby waive, release, absolve, indemnify and agree to hold harmless the members of the Washington Boro Recreation Department, coaches, organizers, sponsors, participants and persons transporting us and/or our child to and from sponsored activities.

We agree to return the uniform and any equipment issued to us and/or our child in the same conditions as issued, except for normal wear and tear, or agree to pay replacement costs before we and/or our child will be eligible for future participation in Washington Boro Recreation Department sponsored activities

In the case of an emergency, I give permission for the coach to call a doctor and/or send the player named above to a hospital or doctor's office.

_____ _____
PARENT/GUARDIAN **DATE**

Fee paid $ _____ **Check #:**_____ **Received by:** _____ **Date:** _____

Washington Borough Recreation Department
100 Belvidere Avenue; Washington, NJ 07882