

MSCSC Seahawks Swim Team – Registration Form 2008

Parent/Guardian(s): _____

Address: _____

Phone: (day) _____ (eve) _____

Email(s): _____

This is our primary means of communicating with the team

Fee Schedule*: includes social activities and swim cap

Swim team - \$175 per child

Maximum assessed per family - \$400 (Swim Team plus Pre-Hawks combined)

All fees must be paid before swimmers may practice or compete.

No refunds will be issued after the first 2 weeks of practice.

| Child's Name | M/F | Date of Birth | Age on 6/1/08 | Fee |
|--------------|-----|---------------|---------------|-----|
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Total fee = _____

The undersigned hereby gives permission for my child(ren) to train/compete as a member of the MSCSC Seahawks. I understand that the coaches and/or volunteer parents who represent the team do so for our mutual benefit, and that their sole responsibility towards our child(ren) is that of giving guidance and counsel as might be expected of a prudent person serving as a companion. We expressly agree to hold these persons, collectively and individually, free from blame or suit for injury, damages, liability, or legal action of any kind for any reason, and to hold them harmless from any action which may be brought against them for any reason in connection with team activities.

Signature of Parent/Guardian: _____ Date: _____

**Make checks payable to MSC Swim Club; bring completed form and payment to:
Tracey Moss, 12604 Exchange Court North, Potomac, MD 20854