

Registration Form

2011 PARKLAND WHALES SWIM TEAM

The Swim Team is for members 18 years old and under who can already swim the length of the pool. Pre-team members (approved by coach) can swim half length of pool, put their head underwater & try different strokes.

Name of Swimmer	Gender	Birth date <small>(Day, Month, year)</small>	Previously on swim team (yes/no)
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

Mother	Father
Name: _____	_____
Home phone# _____	_____
Work phone _____	_____
Cell phone _____	_____
Email address _____	_____

Team Fee: \$60 (first child), \$40 second child, \$30 each additional child; Pre-team Fee \$40
Make checks payable to Parkland Swim Team- send to Barbara Sina, 9408 Worth Avenue, Silver Spring MD 20901 with this form.

Dates children would NOT be able to swim in June or July due to vacation, holidays, etc.: _____

Required Parent Time Contribution: Please mark at least one swim team support job parents of registered swimmer would be willing to contribute:

Meet Announcer _____	Meet Automation Coordinator* _____
Social Event Committee _____	Meet Clerk of Course _____
Banquet Coordinator _____	Swim Team Treasurer _____
Team Awards Coordinator _____	Meet Starter Official* _____
Kosher Grill Committee _____	Meet Referee Official* _____
Meet Manager _____	Meet Stroke & Turn Judge* _____
Swim Lessons Coordinator _____	Meet Head Timer _____
Team Photo _____	Meet Ribbons Coordinator _____
Swim Team Bulletin Board _____	Community Service Coordinator _____
Swim Team Website _____	

*Requires attending pre-season training session