



Hampton Hammerheads Swim Team Registration and Release Form

Swimmer _____ Date of Birth _____ Sex _____

Swimmer _____ Date of Birth _____ Sex _____

Swimmer _____ Date of Birth _____ Sex _____

Swimmer _____ Date of Birth _____ Sex _____

Swimmer _____ Date of Birth _____ Sex _____

Street
Address _____ City _____ Zip _____

Email _____ Home Phone _____

Parent/Guardian's Name _____ Work Phone _____ Cell Phone _____

Parent/Guardian's Name _____ Work Phone _____ Cell Phone _____

I hereby give my consent for my child/ren to participate on the Hampton Hammerheads Swim Team and to attend practices and meets as a member of this team. I understand that my child/ren must comply with all rules, regulations, directions and instructions issued by Hampton Pool and by the coaches of the Hampton Hammerheads Swim Team. I hereby release Hampton Pool, the Hampton Hammerheads Swim Team, the Free State Swim League and their respective directors, officers, employees, and volunteers from any and all liability for any and all injuries that my child may sustain while participating in any activity (including practices, swim meets and associated events) as a member of the Hampton Hammerheads Swim Team.

Signature of Parent or Guardian _____

Signature of Swimmer (if 18 or older) _____

Registration Fee: \$60 per swimmer, \$120 family maximum

Date Paid: _____ Amount: _____

Form of Payment: Cash _____ Check _____ Check No. _____