Turbine Swim Club 2010-2011
Registration Form

Swimmer's Name:_____
Last First Middle

Age:_____ Date of Birth:_____Sex:_____ Swimmer Email_____

School District Your Child Attends:

_____

Mother's Name_____

Telephone Home: _____Cell: _____Work: _____

Mailing Address _____

Mother's E-mail_____

Father's Name _____

Telephone Home: _____ Cell: _____ Work: _____

Mailing Address _____

Father's E-mail_____

Emergency Contact:

_____Relationship:_____Phone:_____

Any Additional Information (medical, etc):

_____

MEDIA PERMISSION:

As we get into the swim season, we take periodic pictures for the local newspapers of the swimmers working hard in practice and at swim meets. We also take a collective team photo for the paper. Swimmers of the Month photos are placed in the paper and on our website as do other photos of our team in action. Please check the appropriate box below.

_____Yes, my child should be included in team pictures and recognition photos placed in the paper or on the team web site.

_____No, do not include my child in pictures and recognition photos.