



CANDLELIGHT HILLS SWIM TEAM

2009 REGISTRATION FORM



Swimmer's Names	Sex	Age at June 1 st	Birth Date	Fees **	Amount
1 st				\$75.00	
2 nd				\$75.00	
3 rd				\$75.00	
4 th				\$75.00	

****NOTE: Registration Fees DO NOT include Team swimsuit. Registration fees for swimmers 15-18 years of age may be refunded, IF swimmer participates in all swim meets AND swims in the Divisional Meet.**

Subtotal
Total Fees

Father's Name		Work/Cell		Email
Mother's Name		Work/Cell		Email
Address			Home Phone	
If you are a NEW member, how did you hear about our team?			Subdivision	
Emergency Contact other than above:	Name	Phone	Relationship	

T-Shirt Sizes

Adult		Child	
Small		Small	
Medium		Medium	
Large		Large	
XLarge			

I hereby register my child / children in the CHCA Swim Team. I agree that he / she / they will participate in the age group appropriate for their age. I will see to it that my child / children will attend each practice session and scheduled meet insofar as possible. I will arrange for the appropriate transportation to and from the practices and meets, and will insure that they are not allowed to stay in the pool areas beyond their scheduled practice times. I acknowledge that the coaches shall have the right to designate the events that my children will swim and that the coaches shall have the right to enforce rules of discipline. I understand that no one is eligible to participate on the Swim Team or use the clubhouse facilities unless all subdivision maintenance fees, late fees, etc. are paid in full. I understand that the CHCA is not responsible for my child's / children's safety and agree that I, as their parent, am solely responsible for their supervision at all practices, meets and other Swim Team related activities.

Parent Signature