

## **PARK TIMBERS SWIM TEAM REGISTRATION FORM**

PLEASE PRINT:

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Name and Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Are you a member in good standing of Park Timbers Club? \_\_\_\_\_

Swimmer's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_\_ Age as of 6/1/25 \_\_\_\_\_

Swimmer's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_\_ Age as of 6/1/25 \_\_\_\_\_

Swimmer's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_\_ Age as of 6/1/25 \_\_\_\_\_

Swimmer's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex \_\_\_\_\_ Age as of 6/1/25 \_\_\_\_\_

(use additional paper for additional children)

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Help!

The swim league requires that we provide help at every swim meet. Please check all of the following duties you would be willing to fill at a swim meet. Thank you for your assistance!

Timer \_\_\_\_\_

Scorer \_\_\_\_\_ Stroke Judge \_\_\_\_\_ (requires a free 2-hour certification course)

My children listed above have my permission to swim with Park Timbers Swim Team and to attend all team functions. I give permission for photographs of my children involved in swim team activities to be used for newsletters, fliers, and marketing purposes, including club and league websites. I have received and read a copy of the Park Timbers Swim Team Rules and agree to abide by them.

\_\_\_\_\_  
Parent's Signature

Swim Team fee is \$131.50 for the 1st child under age 15. For each additional child under 15, the fee is \$106.50. Swimmers 15 and over (as of June 1st) will pay a fee of only \$76.50. Fees are due by June 1.

Checks should be made payable to "Park Timbers Homeowners' Assn."

FEE PAID \_\_\_\_\_

CHECK # \_\_\_\_\_/CASH

Credit Card:

Credit Card payment -please write legibly!

Circle: VISA AmEx Discover

Amount charged

Received by \_\_\_\_\_

Mastercard

\$\_\_\_\_\_plus 3.25% convenience fee

Credit Card # \_\_\_\_\_

Cardholder name \_\_\_\_\_

Security Code on back (three digits) \_\_\_\_\_

Expiration Date: \_\_\_\_\_

MM/YY

Cardholder Billing Street Address

\_\_\_\_\_

Street

Cardholder Billing Zip Code \_\_\_\_\_

City/State

Cardholder signature

DATE