

2019 NMSC Swim Team Registration Form

Please return Form, Registration-Check and Volunteer-Check to: NMSC, P.O. Box 309, New Milford, NJ. 07646

Membership #: _____ (swim team swimmer must be a member of the New Milford Swim Club)

Swimmers Name	Swimmer Ability B, I, A	Winter Swimmer Y/N	Age as of 5/31/19	Male/ Female M/T	T-shirt size	Fee
1.						\$50
2.						\$50
3.						\$30
4.						\$30

TOTAL: \$ _____

\$50 Volunteer Check

Swimmer Ability: Beginner (B), Intermediate (I), Advanced (A)

Parent/Guardian Information:

Mother's Name: _____ Father's Name: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Designated Car Pool Driver: Y/N _____

Home Address: _____

Emergency Contact:

Name: _____ Cell Phone: _____

Medical Conditions MUST BE FILLED IN: _____

Swimmer Photography Consent: Y/N _____

Volunteer Obligation:

All swim team parents or guardians are required to volunteer during any **two** swim meets (please sign up via 'SignUp Genius'). A \$ 50 Volunteer Check per family, apart from the swimmers fee, will be collected at the parent Meet & Greet meeting or first week of practice. Checks will be returned or voided when the season volunteer obligation is fulfilled.

<input type="checkbox"/> Timers	<input type="checkbox"/> Runner	<input type="checkbox"/> Score Table/Ribbon Writing	July 3	July 8	July 10
<input type="checkbox"/> Meet set up	<input type="checkbox"/> Concession	<input type="checkbox"/> Place Judge	July 15	July 17	July 24

Parent Signature: _____ Date: _____