



**Zionsville Swim Club
2008 Long Course Summer Season
Registration Form**

Shirt Size	
Youth	Adult
S__	S__
M__	M__
L__	L__
XL__	XL__
(Check one)	

(circle one)
Full Season

April/May Half Season

June/July Half Season

Swimmer Information: One form per swimmer. If contact information is same, only fill out swimmer information.

Last Name: _____ First Name: _____ MI: _____

Sex: M__ F__ Date of Birth: _____ School: _____

Parent/Guardian Information: (Duplicate information can be left blank)

Father/Guardian: _____
Address: _____ City: _____ St: _____ Zip: _____
Home #: _____ Work #: _____ Cell #: _____

Mother/Guardian: _____
Address: _____ City: _____ St: _____ Zip: _____
Home #: _____ Work #: _____ Cell #: _____

Billing/Club Communication:

E-mail: _____

Emergency Contact:

Name: _____ Relationship: _____
Phone #: _____

Fees:

Upon signature, I understand that I am required to pay at registration or prior to my child attending practice all practice dues. If my child was not registered with ZSC for the 2007-08 short course season, I understand that I will need to pay (i) a ZSC Club Registration Fee (non-refundable) and (ii) a USA/Indiana Swimming and Insurance Fee (non-refundable) at registration or prior to my child attending practice. I also understand that I am responsible for all of my swimmer's meet entry fees.

I understand that I must notify ZSC in writing that my swimmer will not be continuing with ZSC and such written notice must be mailed to ZSC P.O. Box #71 Zionsville, IN 46077. Requests for refunds must be in writing and must be approved by the Board.

There will be a \$25.00 fee for any checks returned.

Release:

I hereby give consent for my child to participate with Zionsville Swim Club, Inc. ("ZSC"). In consideration of being permitted to participate as a member of the ZSC swim team, I hereby release, discharge and agree to hold harmless ZSC, and its coaches, members of the Board of Directors, its volunteers, its agents and its employees, together with its successors and assigns, from any and all liability for injuries to property or person suffered as a result of participation as a member of the ZSC swim team. I agree that it is the swimmers', their parents/guardians', or designated representatives responsibility to provide transportation to, from and during any program of ZSC and that any transportation provided by representatives of ZSC is not being provided on behalf of ZSC and is strictly voluntary on the part of the person providing that transportation. I agree to and will sign the "Medical Authorization". I understand that my child must be a member of USA Swimming to participate with ZSC and give permission for ZSC to submit registration information for my child. In addition, I grant my permission for the use by the club of any photographs taken of my child for posting on the ZSC website and/or publishing in the newspaper or any other publication produced by the club.

Signature Printed Name Date

Registration form and payment should be mailed to: Zionsville Swim Club (P.O. Box #71).