

Gremlins 2024 Swim Team Registration

Swimmer: _____ Date of Birth: _____ Age: _____

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Swimmer: _____ Date of Birth: _____ Age: _____

Parent Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

E-mail _____ Cell Phone: _____

Emergency contact: _____ Phone: _____

\$75 per swimmer. Total Due: _____

Checks payable to: Greenfield Aquatics.

Note: Fees do not include team suit.

Note: All Team members must be a member of the Greenfield Pool.

As the parent or legal guardian of the child(ren) named above, I hereby give the Gremlin coaching staff or parent representative permission to authorize medical treatment including but not limited to, emergency room treatment. I hereby release The Gremlins Swim Team and said Recreation/Civic Associations along with the coaching staff or parent representatives from all claims that may arise in the case of the swim team meets or events. I hereby state that my child is free from any physical or health defect(s) in which participating as a team member would be detrimental to his/her health.

Parent/Legal Guardian's Signature: _____