

Twin Creeks Swim Team



2010 Registration Form

tcswim.com

Swimmer Information: (Please PRINT)

Name: _____ Age*: _____ Sex: ____ D.O.B.: __/__/__ Swim Level (B,I,A): _____
Name: _____ Age*: _____ Sex: ____ D.O.B.: __/__/__ Swim Level (B,I,A): _____
Name: _____ Age*: _____ Sex: ____ D.O.B.: __/__/__ Swim Level (B,I,A): _____
Name: _____ Age*: _____ Sex: ____ D.O.B.: __/__/__ Swim Level (B,I,A): _____

* As of June 1, 2010

(B=Beginner, I= Intermediate, A= Advanced)

Family Information:

Parent Names: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

Email*: _____

(* Used for all team correspondence)

Registration Fee: \$125.00 for 1st swimmer in family
\$120.00 for each additional swimmer in family

Please make checks payable to **Twin Creeks HOA**. Return this form to a scheduled registration session or mail to: *Mary Pat Davis, 1718 Edinburg Court, Allen, TX 75013*. You will receive an email confirming receipt of your registration.

Parent Consent:

Yes No I understand that the success of the Twin Creeks Swim Team requires parent volunteers for swim meets. A volunteer form with descriptions of all opportunities will be provided to registered families.

Yes No Photography Waiver: I give permission for any pictures taken at a swim team function to be used in the Twin Creeks Newsletter, on the team website or other promotional material.

Yes No Team Information Waiver: I give permission for my swimmer's name and contact information to be listed in a team roster that will be distributed to team families only.

Parent Signature: _____

Thank you for registering!