

# Twin Creeks Swim Team



## 2011 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, 2011

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

### Family Information:

Parent Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email\*: \_\_\_\_\_

(\* Used for all team correspondence)

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**Registration Fee:** \$125.00 for 1<sup>st</sup> 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. I will review volunteer positions and return the preference form by May 16<sup>th</sup>.
- 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!**