Larkspur Swim and Racquet Club, Ltd.
2009 Swim Team Registration

Name _____ Age (on June 15th) _____ Date of Birth _____
Name _____ Age (on June 15th) _____ Date of Birth _____
Name _____ Age (on June 15th) _____ Date of Birth _____
Name _____ Age (on June 15th) _____ Date of Birth _____

Parental Consent

I give consent and approval for my child/children, as listed above, to participate in the 2009 Swim Team Program at Larkspur Swim and Racquet Club. I will not hold the Virginia Beach Swim League (VBSL), its officers or directors; the Larkspur Swim and Racquet Club (LSRC), its officers or directors; the Larkspur Swim Team, its officers, directors, or coaches responsible in the case of an accident or injury as a result of participation.

Parent/Guardian Name(s) _____

Address _____ Zip _____

Telephone Numbers (H) _____ (W) _____ (C) _____

e-mail address _____

Any Medical Conditions or Problems _____

Emergency Contact _____ Relationship _____

Contact's Phone Number(s) _____

Photo Release Form: I, _____ of _____
Parent/Guardian Swimmer(s)

Hereby give Larkspur Swim Team permission to publish photographs taken during swim team functions. These photographs may be used in publications, as well as the team website. No compensation will be given and no last names will be associated with photos.

Parent/Guardian's Signature _____ Date _____

Please make checks payable to Larkspur Swim Team:

Members:		Non-Members:	
1st Swimmer	1 x $50 = _____	1st Swimmer	1 x $175 = _____
2nd Swimmer	1 x $50 = _____	Additional Swimmers	___ x $75 = _____
Additional Swimmers	___ x $45 = _____		
Total Due	= _____	Total Due	= _____

Swim Team Use Only:
Date Received _____ Total Paid$ _____ Payment Method _____

Registration _____ Suit _____ T-Shirt _____ Cap _____