



# WESTGATE COUNTRY CLUB, INC.

## SWIM TEAM REGISTRATION

Date: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_  
(First) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

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

Children: \_\_\_\_\_  
(Name) (Date of Birth)

\_\_\_\_\_

(Name) (Date of Birth)

\_\_\_\_\_

(Name) (Date of Birth)

I hereby authorize my child(ren) to participate with the 2015 Westgate Country Club, Inc. Swim Team. I acknowledge that there are risks associated with this activity, however, I Release, Indemnify and Hold Harmless the Westgate Country Club, their owners, their coaches, their volunteers, their assistants, etc.

\_\_\_\_\_  
 Parents Signature

\_\_\_\_\_  
 Date

<b>(Check / Cash)</b>		<b>Check Number</b> _____
	<b>PAYMENT:</b>	
Payment	\$25 X _____ (# of children)	= \$
Swim meet donation (per family)		= <u>+30.00</u>
Payment Due		\$
Amount Paid	_____	