

**Indian Landing Swim Team Registration: Last Name:** \_\_\_\_\_

Mother Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Father Name: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Other Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Fee schedule for swimmers that are not ILBC club members:**

	Swimmer #1	Swimmer#2	Swimmer #3	Swimmer #4	Under 6yrs
Children's Names:	_____	_____	_____	_____	_____
Gender: M or F:	_____	_____	_____	_____	_____
Date of Birth:	_____	_____	_____	_____	_____
Registration Fee:	___\$120___	___\$95___	___\$70___	___\$70___	___\$60___
AAU Insurance:	___\$14___	___\$14___	___\$14___	___\$14___	___\$14___
Non-Volunteer \$100 per*	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____

\*There is a volunteer requirement for parents of swimmers. If you absolutely cannot volunteer we have provided a Non-Volunteer fee of \$100 per swimmer. We prefer you volunteer since we cannot run meets without you.

**Fee schedule for swimmers who are ILBC club members:**

Registration Fee	___\$85___	___\$65___	___\$50___	___\$40___	___\$40___
AAU Insurance \$14	___\$14___	___\$14___	___\$14___	___\$14___	___\$14___
Non-Volunteer \$100 per*	_____	_____	_____	_____	_____
Total:	_____	_____	_____	_____	_____

**HEALTH:**

Please indicate if your children have any medical conditions of which we should be aware. If a participant has any medical condition that requires medication or emergency medication, please be advised that it is the participant and/or guardian's responsibility to have with them and administer that medication at any swim team activity.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Children's Doctor Name and Phone #: \_\_\_\_\_

Insurance Carrier and Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I authorize Indian Landing Boat Club and it's representatives to obtain emergency medical care for my children in the event that I am unable to be reached .

Parent Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_