

Barracuda Swim Team 2018 Registration Form

Monroeville Resident?

Yes No

Mother / Guardian First and Last Name	Cell Phone	E-mail	Primary contact? <input type="checkbox"/>
Father / Guardian First and Last Name	Cell Phone	E-mail	Primary contact? <input type="checkbox"/>

Street Address of Swimmer	City, State Zip Code	Home Phone

Emergency Contact Name (other than above)	Phone	Relationship to Swimmer

Swimmer Name (include last name)	Male / Female circle one	Date of Birth	Shirt size circle one	List any medical conditions for coaches' awareness
1	M F	/ /	YS YM YL AS AM AL AXL	
2	M F	/ /	YS YM YL AS AM AL AXL	
3	M F	/ /	YS YM YL AS AM AL AXL	
4	M F	/ /	YS YM YL AS AM AL AXL	
5	M F	/ /	YS YM YL AS AM AL AXL	

Medical Insurance	ID Number	Group Number

In the event of a medical emergency, if the parent/guardian/contacts can not be reached, I hereby give permission for medical treatment. Parents, guardians, and participants agree to hold the Municipality of Monroeville, coaches, volunteer leadership, and any and all volunteers, free and harmless from liability of any nature.

The swim team operates with significant volunteer efforts and support from the parents/guardians of the swimmers and participants. Every family must participate and/or contribute to the operation of swimming meets and related activities. Information on this form may be shared with the Municipality of Monroeville, coaches, volunteer leadership, parents, guardians, participants and volunteers for the administration of the swim team.

I also give permission to Barracudas and Municipality of Monroeville to use pictures or video of named participants taken during any public practices, meets or other functions for the purposes of advertising, promotion, website, etc.

I understand and agree to all of the above statements.

Medical/Legal Release: Parent/Guardian Signature:

Photo/Video Release: Parent/Guardian Signature:

Swim Team Fees

- 1 Swimmer \$55
- 2 Swimmers \$95
- 3 Swimmers \$125
- 4 Swimmers \$155
- 5 Swimmers \$185

For Team Use

Number of Swimmers		Registration Number	
Check Amount		Cash Amount	
Check Number		Bank Name	

Make check payable to **Bel-Aire Swim Team** and mail with this form to:
Brody Bernardi, 116 Regal Court, Monroeville, PA 15146

Or bring this form with payment to the Barracuda Registration/Open House on May 29th from 6-7pm at Bel-Aire Pool.