

PAID Check # _____ or Cash _____ Received by _____ 10- / 11+

Swim Team Registration Form 2015

Name of Parent/Guardian		
Address		
City	State	Zip
Home Phone	Cell/Work Phone	
Email:		

_____ 10 and Under-11:00-12:30 _____ 11 and Older-12:00-1:00

Name of Participant	Age	DOB	Fee (\$50)

*Residents will have a family cap on swim team at \$150

New Ipswich Resident? Yes No Total Amount Due \$ _____

Have you updated your medical forms? Yes No

Are you willing to drive to away meets? Yes No

Do you have car insurance? Yes No

Are there any dates when you know you will be away this summer? _____

Item	Size									Cost	Total
	Adult	S	M	L	XL	Kids	S	M	L		
Breakers T-Shirt										\$10	
Girls Speedo Endurance	26	28	30	32	34	36	38	40		\$60*	
Girls Waterpro Bathing Suit	26	28	30	32	34	36	38	40		\$35*	
Boys Sporti Jammer	22	24	26	28	30	32	34	36	38	\$30*	
Boys Speedo Jammer	22	24	26	28	30	32	34	36	38	\$50*	
Swim Cap										\$5	
*based on current prices and may be subject to change										TOTAL:	

Release:
 I hereby give my child/children permission to participate in the New Ipswich Swim Programs at the New Ipswich Town Pool at Memorial Field. I am aware of the risks involved with swimming and do waive, release, and agree to hold harmless the Town of New Ipswich, volunteers, and staff for any claim arising out of the injury to my child/children or any other property damage that might occur. I understand the rules and regulations put forth by the pool, as operated by the Town of New Ipswich. Failure to obey the rules may result in dismissal from the grounds. Town of New Ipswich is not held responsible when the pool closes due to inclement weather. I give permission for my child to drive with a swim team coach or the parent of another swimmer to away swim meets. I do not hold these licensed drivers liable for any accident or incident which may endanger my child while in their vehicle.

Parent/Guardian Signature _____ Date _____