

## ORELAND SWIM TEAM 2009 REGISTRATION FORM

**Parents Names:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

Help us better communicate with you: **Please PRINT your email address carefully**

Email Address
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Child Name	DOB	Age (as of 6/1/2009)	Swimmer/Diver
1. _____	__/__/__	_____	S    D
2. _____	__/__/__	_____	S    D
3. _____	__/__/__	_____	S    D
4. _____	__/__/__	_____	S    D

Clothing Size: Please indicate your child's size for each (From youth small to youth XL and from adult small to adult XL.) This is for team gift purposes only.

	T-shirt	Sweatshirt	Pants/Shorts
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**Parent Volunteers** are needed for every meet (home and away). Please check those areas for which you can help at the meets. (See the enclosed schedule for the Officials Stroke & Turn Clinic.)

**Timer** \_\_\_\_\_ **Stroke & Turn** \_\_\_\_\_ **Runner** \_\_\_\_\_ **Finish** \_\_\_\_\_

**Bake Table** (home meets only) \_\_\_\_\_

In addition, we need **parent volunteer(s) to help run the Meet Manager software at the table**. If you are interested in this please indicate here: \_\_\_\_\_

**Swimmers:** Please complete this form and MAIL it along with **\$50 PER CHILD maximum \$135/FAMILY**.

**Divers:** ALL divers MUST have Diving Insurance. See Coaches for details.

Please complete this form and mail it along with a check, payable to "Oreland Swim Club" and MAIL it to:

**OSC Dolphins, PO Box 213, Oreland, PA 19075**

**Registration and Payment Due By June 12, 2009**