

**ASHTON SWIM TEAM and Minnows REGISTRATION FORM 2010**

**Return form w/payment to Ginny Bunke**

1914 Longmead Road Silver Spring, MD 20906

Please use middle initial / Please check box if your child will be a minnow

[ ] SWIMMER NAME \_\_\_\_\_ Male/Female \_\_\_ DATE OF BIRTH \_\_\_\_\_

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Minnows will be tested their first day of practice. They are required to swim the length of dive well and tread water for 30 seconds.

PARENT/GUARDIAN NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE: (H) \_\_\_\_\_ W) \_\_\_\_\_ (C) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE: \_\_\_\_\_

MEDICAL/ALLERGY CONCERNS:

\_\_\_\_\_

\_\_\_\_\_

**VOLUNTEER AREA (PLEASE MARK AT LEAST ONE):** In order for the team to exist, parent participation is required. **WE NEED YOU!!!!!!!**

- [ ] Concessions [ ] Banquet [ ] Apparel Sales [ ] Announcer [ ] Photographer/Slide Show [ ] Timing  
[ ] Officiating [ ] Meet Set Up [ ] Donut Pick up [ ] Automation [ ] Runner [ ] Social Events  
[ ] Table Work: Time Verifier/Label Ribbons/Post Meet Results [ ] Clerk of Course

**FEES: \$100.00 FOR 1 SWIMMER**

***NO REFUNDS* AFTER June 18**

**\$130.00 FOR 2 SWIMMERS**

**\$175.00 FOR 3 OR MORE SWIMMERS**

***(MAKE CHECK PAYABLE TO ASHTON SWIM TEAM)***

**PLEASE NOTE ANY DATES YOU WILL BE OUT OF TOWN DURING THE SWIM TEAM SEASON: June 1 – August 1**

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