

2021 Carlisle Swim Club Swim Team Registration Form

First Name		MI	Last Name	
Street Address			City, State, Zip Code	
Gender	Birth Date	Age as of 06/01/2021	Member of the Carlisle Swim Club?	
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent 1 Name			Parent 1 Phone Number	
Parent 2 Name			Parent 2 Phone Number	
E-mail Address			Clothing Sizes (YS/YM/YL/AS/AM/AL/AXL)	
			Shirt:	Shorts: Pants:
ADDITIONAL CHILDREN				
First Name		MI	Last Name	
Gender	Birth Date	Age as of 06/01/2021	Clothing Sizes (YS/YM/YL/AS/AM/AL/AXL)	
<input type="checkbox"/> Male <input type="checkbox"/> Female			Shirt:	Shorts: Pants:
First Name		MI	Last Name	
Gender	Birth Date	Age as of 06/01/2021	Clothing Sizes (YS/YM/YL/AS/AM/AL/AXL)	
<input type="checkbox"/> Male <input type="checkbox"/> Female			Shirt:	Shorts: Pants:
First Name		MI	Last Name	
Gender	Birth Date	Age as of 06/01/2021	Clothing Sizes (YS/YM/YL/AS/AM/AL/AXL)	
<input type="checkbox"/> Male <input type="checkbox"/> Female			Shirt:	Shorts: Pants:
REGISTRATION FEES				
Number of Swimmers		Carlisle Swim Club Member Rate		Non-Member Rate
One swimmer		\$100.00		\$185.00
Two swimmers		\$195.00		\$365.00
Three swimmers		\$290.00		\$545.00
Four swimmers		\$385.00		\$725.00
REGISTRATION DEADLINE: JUNE 12, 2021 • PAYMENT DUE AT THE TIME OF REGISTRATION				
Make checks payable to Carlisle Swim Club and mail along with this form to: Carlisle Swim Club P.O. Box 500 Carlisle PA 17013		Registration Fees:		\$
		Silicone Swim Caps (\$10 each OPTIONAL):		\$
		Chicken BBQ Tickets (5/family MANDATORY):		\$50.00
		TOTAL DUE		\$
WAIVER				
I, the parent or guardian of the applicant, hereby give my permission for my child(ren) to participate in the Carlisle Swim Club Swim Team and Capital Area Swim League (CASL) during the current season. I certify that the child(ren) is in good health and physically able to participate. I absolve, indemnify and hold harmless the Carlisle Swim Club, CSC board, the coaches and CASL. I realize that I may be required to use my personal insurance coverage, or be otherwise responsible for any expenses resulting from injury. I will furnish, if requested, a certified birth certificate for my child. Photographs are sometimes taken of team activities for publicity and promotional purposes and children's names or information are never used without specific permission. With your signature below, you are releasing Carlisle Swim Club to use photographs of your child(ren) as stated.				
Signature of Parent or Guardian: _____ Date: _____				