



PINELOCH PIRANHAS

2008 REGISTRATION

New to Piranhas Returning swimmer

Swimmer Last Name

Address _____ City _____ Subdivision _____ Zip Code _____

Parent/Guardian _____ (____) _____ (____) _____
Home phone Work phoneParent/Guardian _____ (____) _____ (____) _____
Home phone Work phoneParent/Guardian _____ (____) _____ (____) _____
Home phone Work phone

Cell phones (____) _____ (____) _____

E-mail addresses: _____

Athlete(s): Last, First, MI	Age*	M/F	Date of birth	School & grade, 2007-2008

*Must be able to swim 25 yards without assistance, and be younger than 19 on May 1, 2008

EMERGENCY INFORMATION

Emergency contact other than parents: _____ Phone: _____

Allergies or special conditions: _____

Doctor or clinic: _____ Phone: _____

In which area or team activity will you serve as a volunteer? (Circle one or more) Please note: this is a volunteer organization, and each family is needed to help things run smoothly. Help is especially needed and required at swim meets.

Set Up/Tear Down Timer Ready Bench/ Line Up Runner Scorer Ribbon Writer Concessions

Certified Meet Official: (Referee, Starter, Stroke & Turn, Clerk of Course) Non-meet Assistance

2007 FEES:	First non-high school swimmer - \$110	Second non-high school swimmer - \$100	High school swimmer - \$35	Family Maximum - \$260 (family living at one address)
TOTAL DUE: \$ _____		CHECK#: _____	Date Received: _____	Thank you!

PHOTO/VIDEO AUTHORIZATION

I authorize the PineLoch Piranhas to use photos/videos of my child(ren) taken during team events in team publications and promotional materials and waive any rights to compensation or ownership.

MEDICAL AUTHORIZATION AND RELEASE

I hereby agree that the PINELOCH PIRANHAS SWIM TEAM, INC. (PPST), its agents, employees, or representatives shall not be responsible or liable for me, my family, or visitors, arising out of, or in connection with, by having sought or acquired any of the following services: (1) The use of PineLoch Community Association [PCA] facilities including, but not limited to, all pools and surrounding areas, and (2) Participation in the PineLoch Piranhas Swim Team program. I understand that the above program and the use of PCA facilities are not free of risk and that it is possible that I or a member of my family or my guests may suffer injuries or damages as a result of undertaking such activities or using such facilities. I assume and accept those risks for myself and on behalf of my family and guests with knowledge of the dangers. I understand that the PPST, its representatives, employees, or agents, shall not be liable for any damage for the person or property of the applicant, his family, or visitors resulting from the condition of the premises owned and operated by PCA, its agents, representatives, or employees, or from any service rendered by PPST, its agents, employees, or representatives. I authorize the PPST, its representatives, employees, or agents to take my child to a doctor, if necessary, in the event I cannot be reached. I give the doctor permission to perform services he/she considers necessary. I hereby give my permission and consent for my child or children to participate in the activity described above and to use PCA facilities. My signature signifies that I agree to these terms and conditions.

Parent's Name - Please **print** _____

Parent's signature _____

Date _____

Make checks payable to **PineLoch Piranhas**. Return completed form to Piranhas registrar, Stephanie Cole, 1015 Valley Acres, Houston, Texas 77062.Need another form or more information? Go to www.pinelochpiranhas.org