STONE CRABS SWIM TEAM 2008

Coaches Ann & Randy Stone
1085 Crane Crest Way, Orlando FL 32825
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www.StoneCrabsSwimTeam.com

Child's Name 1:_____ DOB___/___/___
First Middle Last

2: _____ DOB___/___/___
First Middle Last

3: _____ DOB___/___/___
First Middle Last

4: _____ DOB___/___/___
First Middle Last

Mother's Name:_____ Phone#_____

Father's Name:_____ Phone#_____

Address:_____ City_____ Zip_____

E-Mail Address: _____ Child's School:_____

Emergency Contact:_____ Phone#_____

Medical Complications/Allergies:_____

I/we the parent(s) of the above named, hereby give my/our approval for the same to participate in any and all ***STONE CRABS SWIM TEAM*** activities. I/we agree to hold harmless SC and its representatives for any claims of injury except to the extent covered by accident or liability insurance.

Mother's Signature:_____ Date:_____

Father's Signature:_____ Date:_____

• Please make a check payable for the total of all fees to ***Ann Stone***.

• **Registration fee, USA Swimming registration fee, Monthly fee and a copy of each child's birth certificate are all due at the time of registration. Thank you!!**