

2010 SHOREWOOD HILLS POOL SWIM TEAM, DIVE TEAM, AND WATER BALLET REGISTRATION

** Please note the important May 15 deadlines**

| Child's Name | Birth Date | Age | Health Considerations (Please circle and elaborate on additional sheet) | Swim Team \$45/Child | Dive Team \$45/Child | Water Ballet \$35/Child | Total Due ** |
|--------------|------------|-----|--|-------------------------|-------------------------|----------------------------|--------------|
| | | | YES NO | | | | |
| | | | YES NO | | | | |
| | | | YES NO | | | | |
| | | | YES NO | | | | |
| | | | YES NO | | | | |

****LATE FEE:** Please add a \$5.00 administrative surcharge per late form, if received after 5-15-2010

****MULTI-PROGRAM DISCOUNT:** Please subtract \$5.00 per program, when a child is in 2 or more programs

** LATE FEE: ADD \$ _____

MULTI-PROGRAM DISCOUNT: SUBTRACT \$ _____

TOTAL PAID \$ _____

Family Info:

Parent Name(s): _____

Work Phone _____ Home Phone _____

Home Address _____

Children's Physician _____ Clinic _____ Phone _____

Hospital Choice _____ Emergency Contact _____ Phone _____

Release: I, the undersigned parent/guardian of the child(ren) listed below, on behalf of myself, heirs and assigns, in consideration of permission granted my child(ren) to participate in these programs do hereby release the Village of Shorewood Hills and the Recreation Program, their agents and employees from any claim for accidental injury or death of my child(ren) during participation in the Shorewood Hills Recreation Program.

| | | |
|--|-------------------------|--------------------|
| | SIGNATURE: _____ | DATE: _____ |
|--|-------------------------|--------------------|

PAYMENTS: Make checks payable to: **Shorewood Hills Swim and Dive Team**

REGISTRATION DROP OFF:

- **Pre-season:** Mail or drop form and fees at the: Shorewood Hills Village Hall
810 Shorewood Blvd.
Madison, WI 53705
- **In-season:** Please leave form with a coach, or with the on-duty pool manager

*****PLEASE FILL OUT BOTH SIDES OF FORM*****

