

PLYMOUTH SWIM CLUB GATORS 2017 SWIM TEAM REGISTRATION

Team registration must be completed before your child can practice with the team. This includes all fees paid and all paperwork completed for PSC.

Swimmer's Full Name	Gender Circle One	Birthdate (m/d/y)	Age as of June 1st	Medical Concerns - Print Lifeguard, If Lifeguard at PSC
	M F			
	M F			
	M F			
	M F			

If participant swam for another summer swim club last year, he or she must obtain a transfer letter from the old club. IF YOU SWIM FOR PSC YOU CAN'T SWIM FOR ANOTHER SUMMER LEAGUE TEAM, BUT YOU MAY SWIM IN USA MEETS.

FEES:

MEMBERSHIP: Please check the category that applies.

Plymouth Swim Club Pool Member PAID in FULL- Membership Number if known _____
(Pool Club Membership registrations taken online or at open houses.)

\$100 Associate Member - Club Member Sponsor Name _____
Please make check out to PSC (You may combine amount with team registration check).

TEAM REGISTRATION FEE: The registration fee includes the cost of spring warm-ups as well as the summer program. **Make check out to PSC.**

\$125 One swimmer (includes \$30 activity fee).

\$220 Two or more swimmers in same family/household (includes \$30 activity fee).

Return this form with payment to:

PSC Gators c/o Sally Leathersich, 2605 Dogwood Lane, East Norriton, PA 19401

pscigators@gmail.com

610-572-2600

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EMERGENCY INFORMATION

We MUST be able to reach you in case of an EMERGENCY. The information below is only used by the Parents Committee and the coaches. It won't be shared with others. Please supply all applicable information. (*E-mail address is mandatory since this is our primary means of communication.*)

Swimmer(s) Name(s) _____

Parent/Guardian Name _____

Street _____

City/State/Zip _____

Home Phone _____ Cell#1 _____ Cell #2 _____

Work # _____ E-Mail (required) _____

2nd E-Mail (optional) _____

- I understand that the Club cannot be held responsible for any injuries to its members or campers, and agree that each individual will provide for and pay the cost of his/her own medical care if necessary.
- I certify that my child(ren), participating in this activity, is/are in proper physical condition for this activity.
- I understand that children between the ages of seven and fourteen must be accompanied on the pool grounds by a designated responsible person. Children under seven years of age must be accompanied by an adult member of the Club.
- I understand that all swimmers' **parents/guardians are expected to volunteer** to help out whenever possible at meets in which my swimmer(s) participate, and for team special events during the 2017 swim season.

Parent/Guardian's Signature _____

If you have current volunteer clearances please provide us with a copy or send via email to pscigators@gmail.com.

Please let us know if you are, or are interested in becoming, a meet official (stroke & turn judge, etc.). Officials are required to have current clearances.

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