

**GULF PARK BLUE SHARK SWIM TEAM
REGISTRATION 2010**

1. Swimmer _____ Birth Date ___ / ___ / ___ Sex _____
Age on 6/1/10 _____ USS Card? Y N
2. Swimmer _____ Birth Date ___ / ___ / ___ Sex _____
Age on 6/1/10 _____ USS Card? Y N
3. Swimmer _____ Birth Date ___ / ___ / ___ Sex _____
Age on 6/1/10 _____ USS Card? Y N
4. Swimmer _____ Birth Date ___ / ___ / ___ Sex _____
Age on 6/1/10 _____ USS Card? Y N

Parents' Names _____ Phone _____ Home

Address _____ Zip _____ Cell

e-mail _____

Which phone number would you like printed in the GP directory? _____

If you prefer not to have your name, phone and e-mail address sent or made available to other members of the team please check here _____

*******NOTICE TO PARENTS*****VERY IMPORTANT THAT YOU SIGN*******

I give my permission for my child(ren) to ride in a vehicle (car, van, or bus) to swim in other areas, and release the driver, vehicle owner, and Gulf Park Recreation Association from any liability in case of an accident.

PARENT'S SIGNATURE _____

DATE _____

