

Hammerhead Swim Team Family Registration 2010 Season

Family Information

Parent Name (s) _____
 Address _____
 Home Phone _____ E-Mail _____
 Email (2) _____
 Name of Swimmer _____ Birth Date _____

May we include your name, phone number & email on a team directory
 available to team families? Yes No

Contact Information

Father w _____ c _____
 Mother w _____ c _____
 Emergency Contact: _____

Registration Fee

Circle one: 1 swimmer \$90 2 swimmers \$160 3 swimmers \$210

Make checks payable to: Herndon Swim Team Total: \$ _____

Parent Volunteer Choices

It takes more than 40 volunteers to run a swim meet. We need your help.
Please indicate how you can help out.

_____ Stroke & Turn Judge*	_____ Table Worker**
_____ Starter*	_____ Clerk of Course**
_____ Referee*	_____ Timer
_____ Announcer*	_____ Marshal
_____ Relay Take-off Judge	_____ Concessions*
_____ Chief Timer*	_____ Social Events

*Requires NVSL clinic

** Clinic available