

2016 Forest Hills Synchronized Swim Team Registration Form

Family Name: _____ Mother: _____ Father: _____

Address: _____

City/State: _____ Zip code: _____

Primary Phone Number: _____ Home Work Cell (circle one) _____

E-mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

SWIMMERS

Name: _____ Birthdate: _____ Age: _____ Shirt size: _____

Name: _____ Birthdate: _____ Age: _____ Shirt size: _____

Name: _____ Birthdate: _____ Age: _____ Shirt size: _____

Medical Problems (Ex. Physical, respiratory, allergies, etc.): _____

My child(ren) has/have no known medical conditions that would prevent him/her from participating on the swim team. I give my permission for my child(ren) to participate on the Forest Hills Synchronized Swim Team and in its activities. I covenant not to sue and agree to hold harmless the Forest Hills Borough and the Forest Hills Synchronized Swim Team, as well as their officials, coaches and volunteers from liability allegedly caused in whole or in part by these individuals. I agree to abide by the coaches' decisions as set forth for the 2016 "Synchro" Team, as well as the team policies.

Parent Signature: _____

VACATION AND CAMP ABSENCES DURING THE SEASON

Please indicate the dates you know your swimmer(s) will not be available to attend practice. If you do not know the dates at this time, the coaches would appreciate you let them know as soon as possible.

IMPORTANT DATES:

• **Monday, August 1 through Saturday, August 6: Synchro Week**

(ALL MORNING AND EVENING PRACTICES ARE MANDATORY)

• **Thursday, August 4: Dress Rehearsal**

• **Saturday, August 6: Luncheon and Run Through**

• **Sunday, August 7: Show – Rain Date: Monday, August 8**

Name of swimmer: _____ Dates not available: _____

Name of swimmer: _____ Dates not available: _____

Name of swimmer: _____ Dates not available: _____

2016 Synchronized Swim Team Volunteer Sign up

The Synchronized Swim Team is a volunteer-run organization that depends on the assistance of all of the families. Each family is encouraged to volunteer to help with at least one activity in preparation for the annual show. Please indicate below how you would like to help. Thank you!

TASK	VOLUNTEER
Donut Sale	
Ad Sale for Program Book	
Pool Pass Raffle	
4 th of July Cookie Table in the Park	
Hair / Makeup (8/4 & 8/7)	
Luncheon (8/6)	
Decorations Setup (8/7)	
Flower Sale at the Show (8/7)	
Bake Sale (8/7)	
50/50 Raffle (8/7)	

Team Registration Fee (\$40 per swimmer)

Make checks payable to: **Forest Hills Borough**

Please return registration forms to:

*Cindy Simm, Recreation Director, Forest Hills Borough
2071 Ardmore Boulevard, Pittsburgh, PA 15221*

For Official Use Only

For official use only, verifying initials_____ Date Paid:_____

Method of payment: Check # _____ Cash