

Swim Team Enrollment Form

Marlins Registration Form (please complete a form for each child)			
Child's First & Last Name		Middle initial mandatory	
Parent's First & Last Name		Child's Birthdate (M/D/Y)	
Street Address		Age as of 6/1/2010	
City, State, Zip		Home Phone Number	
Email Address		Work Number (mom)	
Chronic Illness		Cell Number (mom)	
Medications Taken		Work Number (dad)	
Allergies to Medicine		Cell Number (dad)	
McHenry Marlins Parent Organization @ www.mchenrymarlins.net		# to reach parent 4-5pm	
<p>I, the parent of the above named applicant attest that my child is physically fit for this type of activity. I also give my approval to her/his participation at any and all team activities. I hereby waive, release and discharge any and all claims against the McHenry Marlins, the City of McHenry, all their representatives and supervisors from any all claims and/or damages which may be sustained by the participant in travel to, participation in, and returning from any meets or practice sponsored by the McHenry Marlins Swim Team and/or the City of McHenry. I hereby give my permission for the McHenry Marlins swim team coaches to authorize medical treatment for my child in the event of an emergency at or in route to or from any and all away meets, or at home meets, if they deem it necessary and parent/guardian cannot be reached. I understand that either my spouse or I have the obligation to work a minimum of four meets either as a timer, ribbon writer, stroke official, card runner or scorer/official.</p>			
Signature of Parent: _____		Date: _____	
For Office Use Only			
Fee:	Late Fee:	Total Fee:	Date:
Payment Type: <input type="checkbox"/> cash <input type="checkbox"/> check # _____ <input type="checkbox"/> O charge			Initials:
			Resident: <input type="checkbox"/> yes <input type="checkbox"/> no Copy to Coach:

The McHenry Marlins compete in the North Central Illinois Swim Conference. Students learn strokes, techniques, diving, starts, turns and conditioning. **Swim team is not designed as a swim lesson program.** Home meets are scheduled for Jun 8, Jun 22, Jun 29, Jul 1, Jul 8, and Jul 13. Parents are required to work 3 meets. The Splash Party will be held Jul 20. Parents must complete and sign forms and submit medical release at registration. **Swimmers must have the team swim suit (available at McHenry's Favorite Sport Store) or a navy suit, plus the team swim cap.** Previous participants must register by 4:00 pm on Mon, May 24, otherwise they will not participate in the first meet and will have to pay an additional \$10 charge. First time swimmers can do a three day trial and must withdraw or pay by 4:30 pm on Fri, May 28 or they will not participate in the first meet and will have to pay an additional \$10 charge. There is a \$5 discount for a second family member registering. **No practice on May 31 and July 5.**

Ages: **6 and older**
221541A M - F, May 24 - Jul 16
Fee: \$175/CR - \$190/NCR

Practices: May 24 - May 28
 A Practice HS 6:30 - 8:00 pm
 B Practice HS 5:45 - 6:30 pm
 C Practice HS 5:00 - 5:45 pm

Practices: Jun 1 - Jul 16
 A Practice KP 6:30 - 8:00 am
 B Practice KP 8:00 - 8:45 am
 C Practice KP 8:45 - 9:25 am
 HS = West HS Pool/KP = Knox Pool

Mail or fax this form with your payment to:

McHenry Parks and Recreation Department
 333 South Green Street, McHenry, 60050
 Phone: 815-363-2160 Fax: 815-363-3186

Check here if you need accommodations, in accordance with the Americans With Disabilities Act, to effectively participate in any of the above programs. If an Inclusion Aide is requested please contact the McHenry Parks and Recreation Department prior to the start of the program.

Total Remittance:

\$ _____

Please check form of payment

Cash Check

Make checks payable to City of McHenry

Visa MasterCard Discover

Bank Card Number _____

Exp Date _____

3 Digit Sec Code _____

Cardholder Name _____

Cardholder Sign _____

Program Waiver

I, the undersigned, and parent or legal guardian of the program participant(s) hereby grant permission to my said child(ren) to participate in the City of McHenry Parks and Recreation Department sponsored and supervised programs. I agree to be responsible for, and to hold the City of McHenry, its officers, agents and employees harmless from, any and all claims, injuries, damages, liabilities and expenses arising from the actions and conduct of my child(ren) during this program. I authorize the City of McHenry Parks and Recreation Department personnel to obtain for my child(ren) such ambulance, medical and hospital services as such personnel may, in their discretion, deem appropriate and I agree to pay all charges and expenses thereby incurred on behalf of my child(ren) in connection therewith.

Print Family Last Name _____
 Home Phone _____
 Parent/Guardian Sign _____

Participants Names _____
 Work/Cell Phone _____
 Date Signed _____