



Whispering Oaks

2009 Blue Marlins Sign-up Form



Please write clearly!!

Swimmer #1 last first MI

Male – Female Birth date _____ T shirt Size _____

Swimmer #2 last first MI

Male – Female Birth date _____ T shirt Size _____

Swimmer #3 last first MI

Male – Female Birth date _____ T shirt Size _____

Swimmer's Address number street apt #

Zip _____ Home phone _____

Parent/Guardian #1 last first

Emergency contact phone _____

email _____

Parent/Guardian #2 last first

Emergency contact phone _____

email _____

Fees

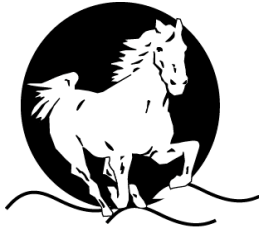
Club member : \$112 per swimmer

non-member : \$112 per swimmer plus \$50 (one-time club fee per family)

Total remitted= _____

Fill in and bring to sign-up days at the pool or mail to:
Sign-ups: Sat 4/18 and Sun 4/26 from 12-2 PM.

Kelly Berg-Clarke
11511 Whisper Breeze Dr
San Antonio, TX 78230



MAVERICK

Summer Swim League

PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in the sport designated below. I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participations, I do hereby waive, release and hold harmless the organizations named below, its officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Child's name _____

Date of birth _____

Address _____

Please list any physical limitation (allergies, hearing, sight, etc.) _____

Parent signature _____

Date _____

Name of Sponsoring Organizations: **Maverick Summer Swim League and the Whispering Oaks Blue Marlins Swim Team**

Designated sport: Swimming