



RAINTREE SWIM TEAM 2011 ENTRY FORM

Swimmers Name: 1st _____ Age as of 6/1/11: _____ D.O.B: _____ M / F
2nd _____ Age as of 6/1/11: _____ D.O.B: _____ M / F
3rd _____ Age as of 6/1/11: _____ D.O.B: _____ M / F

Parent Info: Dad's Name: _____ E-Mail : _____
Address: _____
Phone# (Home) _____ Cell # _____ Work # _____
Mom's Name: _____ E-Mail: _____
Address: _____
Phone #'s (Home) _____ Cell # _____ Work # _____

Raintree Grandparent Information (complete only if a non-resident - (swimmer must have their own pool pass))

Name: _____ Phone #: _____
Address: _____

RAINTREE SWIM TEAM RELEASE

This is to certify that I, parent or legal guardian of _____ (the swimmer(s)), members of the Raintree Lake Swim Team (the "Team"), hereby grant permission to the adult manager, coach, and assistants of the Team to obtain medical care from any licensed physician, hospital, or medical clinic for the swimmer(s) named herein at such times as the parents or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required for travel to and from activities. We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Team, its officers, managers, coaches, supervisors, sponsors, participants, and persons participating in the league and from those activities, from any and all claims, actions, causes of action or damages arising out of or relating to any injury to the Swimmer(s).

By signing this it is also agreed at least one parent will be available to work at least one-half of each swim meet your child participates in or your child may not swim in that meet. Also, at least one parent must volunteer during the Championship Meet for each family.

Signature of Parent/Legal Guardian _____ Name of Parent /Legal Guardian _____ please print
Relationship to swimmer(s) _____ Emergency Contact Person and Phone # _____

Please describe any medical conditions that the swim coaches should be aware of: _____

Entry Fee*: \$85.00 - 1st swimmer 1st swimmer @ \$85.00 = _____ T-shirt size: (circle one) YS / YM / YL / AS / AM / AL / AXL / AXXL
\$80.00 - 2nd swimmer 2nd swimmer @ \$80.00 = _____ T-shirt size: (circle one) YS / YM / YL / AS / AM / AL / AXL / AXXL
\$75.00 - 3rd swimmer 3rd swimmer @ \$75.00 = _____ T-shirt size: (circle one) YS / YM / YL / AS / AM / AL / AXL / AXXL

*Entry Fee includes: Insurance, T-shirt, trophy, Championship Fee and one individual and team picture per swimmer.

Additional T-shirts @ \$12.00 each _____ # @ \$12.00 = _____ T-shirt size: (circle one) YS / YM / YL / AS / AM / AL / AXL / AXXL

Ladies tank top @ \$15.00 each _____ # @ \$15.00 = _____ T-shirt size: (circle one) AS / AM / AL / AXL / AXXL

Swim Cap (new colors) @ \$10.00 each _____ # @ \$10.00 = _____

Add \$2.00 for XXL t shirt _____

Total Enclosed: _____

**Early Registration above fees due May 10th, Late Registration accepted (on a space available basis) until May 20th with additional \$15.00 per swimmer

Please make check payable to Raintree Lake Swim Team and drop off at the RLPOA office or mail to Amy Berry, 5111 SW Snowy Egret, Lees Summit, MO 64082 (816) 537-5307

Amyberry5307@yahoo.com