



Swimmer's Name	Date of Birth	Age as of June 1st
1.		
2.		
3.		
4.		
5.		

Parent or Guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

Emergency Contact: \_\_\_\_\_ (name) \_\_\_\_\_ (phone)

Practice time preference: 8:00-9:00 \_\_\_\_\_ 9:00-10:00 \_\_\_\_\_  
 (please select ONLY 1)

**\*\*The 8:00 and 9:00 practices are going to be open to ALL age groups. Please select the one time that would work best for you to attend. Coach Melick will be assigning practice times. You will be notified via email one week before practice as to which time you have been assigned to.**

**IMPORTANT: please stick to your scheduled time throughout the entire season in order to make sure that practices are not overcrowded. Special circumstances (bible school, vacation, etc.) that would require a different practice time for a short period will require permission from Coach Melick. \*\***

**(PLEASE CONTINUE FORM ON OTHER SIDE)**

I hereby understand that I or my family members acknowledge the risks inherent in the above activity and agree that no liability will be claimed or enforced against any person or group therewith connected. I further understand that no hospitalization , health or accident insurance coverage is provided in connection with said registration. I give permission to the El Paso Olympians staff members to photograph or video tape the above participants for the following purposes: promotional material for pamphlets, newspaper articles, flyers, brochures, and bulletin boards. I understand that all photos, negatives, videotapes, will remain in the possession of the El Paso Olympians and not released to other entities or organizations.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- \$50 Individual
- \$75 - two swimmers per family **Fees \$** \_\_\_\_\_
- \$100 - three or more swimmers per family **PR POP fee**  
**\$5 per swimmer \$** \_\_\_\_\_
- Practice time selected
- Waiver/release signed **TOTAL FEES:** \_\_\_\_\_

**Please make checks payable to EL PASO OLYMPIANS**

Mail forms to: EL Paso Olympians  
P.O. Box 21  
El Paso, IL 61738

Check one:  CASH     CHECK # \_\_\_\_\_

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

