



# Howell Pointe Swim Club



22 Howell Road, Freehold, NJ 07728

Phone (732)414-2172 [www.howellpointeswimclub.com](http://www.howellpointeswimclub.com) Fax (732)414-2176

## 2011 SWIM TEAM REGISTRATION FORM

**\*Please be advised that you must be a member in order to participate on the Swim Team\***

<b>Child First Name Birth Date</b>	<b>Last Name</b>	<b>Sex</b>	<b>Age</b>
1 / / /	/	/	/
2 / / /	/	/	/
3 / / /	/	/	/
4 / / /	/	/	/

**\*Cost per child: First Child: \$75.00 each additional Child: \$60.00**

**Parent/Guardian Name:** \_\_\_\_\_ **Cell #** \_\_\_\_\_

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

**Town, State, Zip Code:** \_\_\_\_\_

**Spouse (If Applicable)** \_\_\_\_\_ **Cell #** \_\_\_\_\_

**Parent's Home #** \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_

**Relationship to Child/Children:** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Cell #** \_\_\_\_\_

\*I understand that my participation at the Howell Pointe Swim Club is voluntary. I also understand that while every effort is made by the staff and management to insure the safety of all members and their guests, Howell Pointe Swim Club, LLC assumes no responsibility for any injuries or accidents that occur. Each individual using our facilities is doing so at his or her own risk. By signing this document, I agree to release Howell Pointe Swim Club, LLC from any and all liability with respect to any injury or accident that may occur at this facility. It is further understood that the responsibility, care, well being and supervision of minors is the responsibility of their parent/s or adult guardian while at this facility. Howell Pointe Swim Club, LLC shall not be responsible for any bodily injury, harm or accident to any member or guest that may take place while at this facility. I, the undersigned, have read and agree to abide by all the rules and regulations of the Howell Pointe Swim Club and do further agree to inform all persons listed on this application. Each member should review the rules and regulations. Howell Pointe Swim Club, LLC shall not be responsible for lost or stolen property.

**\*Please list any medical concerns, physical restrictions, medications being taken or other conditions that we should be aware of. (This information will be kept confidential)**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_