

# NSJ 2009 Swim Team Registration

Parent's Names \_\_\_\_\_

Phone# (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Addresses \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Swimmer	M or F	Date of Birth	Age as of 5/30/2009
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Fees:

*Before 5/15/09* - \$80 per swimmer, \$10 discount for each sibling

*After 5/15/09* - \$90 per swimmer, \$10 discount for each sibling

## Volunteers

Participation as a volunteer is essential to the success of the Swim Team. Listed below are areas that volunteers are needed. Please indicate which area/areas you prefer to be assigned to help.

- |   |   |
|---|---|
| <input type="checkbox"/> Announcer – Home Meets                   | <input type="checkbox"/> Card Runner @ Home Meets         |
| <input type="checkbox"/> Ribbon Preparation – Before Home Meets   | <input type="checkbox"/> Concession Stand @ Home Meets    |
| <input type="checkbox"/> Lane Card Preparation – Friday Morning   | <input type="checkbox"/> Heat Winner Ribbons @ Home Meets |
| <input type="checkbox"/> Clerk of Course – Home & Away Meets      | <input type="checkbox"/> Newspaper Articles               |
| <input type="checkbox"/> Scoring Table – Home & Away Meets        | <input type="checkbox"/> Pep Rallies                      |
| <input type="checkbox"/> Stroke & Turn – Home & Away Meets        | <input type="checkbox"/> End of Year Party!!!             |
| <input type="checkbox"/> Timing/Recording – Home & Away Meets     |   |
| <input type="checkbox"/> Pool Set-up – Friday Night of Home Meets |   |

**Comments/Suggestions or Concerns:**

## Waiver, Release, Assumption of Risk

I understand that my participation in AAU activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU of US, Inc., its Club/Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners/Lessors of Premises for all liability from my participation in these and any other AAU related travel, lodging, social/recreational activities.

\_\_\_\_\_  
Signature of Athlete (if over 18) or Parent/guardian

Photo Release:        [    ] Permission Granted    [    ] Permission Not  
Granted

**For my child(rens) photograph to be posted on the NSJ website, without identity. Photos will not be used in any other project, future promotions or unspecified uses.**

\_\_\_\_\_  
Signature of Athlete (if over 18) or Parent/guardian

**Mail Registration to: Michael Smith  
2780 Thornbrook Road  
Ellicott City, Maryland 21042**