



2009 Quince Orchard Otters Swim Team Registration Form

Quince Orchard Otters Swim Club, Inc., P.O. Box 83641, Gaithersburg, MD 20883-3641

Please DO NOT mail this form to the pool or club as in-person registration is required.

Parents/Guardians: _____
(Please indicate if your last name(s) are different from the swimmer's last name)

Street Address: _____

City/Town: _____ **Zip:** _____

Home Phone: _____ **Work Phone(s)** _____

E-Mail Address: _____
(Used only for contacting you individually, please visit our website to sign up for Newsletter distribution via Yahoo Groups)

Child's FULL LEGAL first name and middle initial, as well as a preferred name in parenthesis	Gender M/F	Date of Birth	Please check correct Fee (Family Max applied after)
1.			<input type="checkbox"/> \$95 First Swimmer, or <input type="checkbox"/> \$70 Pre-Team & Little Otters
2.			<input type="checkbox"/> \$90 Second Swimmer, or <input type="checkbox"/> \$70 Pre-Team & Little Otters
3.			<input type="checkbox"/> \$75 Third Swimmer, or <input type="checkbox"/> \$70 Pre-Team & Little Otters
Team Registration fee (not required when registering before June 1 st)			<input type="checkbox"/> \$20 Registration fee

Please list additional children on back of form (include Name, Gender, Date of Birth and team preference)

Total Number of Swimmers _____ **Total Amount Paid*:** _____ (\$250 Maximum per family)

Payment Method: (check one)

CHECK payable to: **QUINCE ORCHARD OTTERS SWIM CLUB, INC.**

Or

VISA

MasterCard

Card #	Exp Date: /
Signature:	

Release Statement (Signature Required)

As the parent/guardian of _____ (Please list ALL swimmers names),
I hereby release and hold harmless the Quince Orchard Otters Swim Club, Inc., it's officers, duly appointed coaches, and/or meet officials, and the Quince Orchard Swim and Tennis Club from any and all liability arising from or in connection with the participation of my child(ren), or ward(s) in the Montgomery County Swim League (MCSL), as a member of the Quince Orchard Otters Swim Club, Inc. and in meets and practices associated with preparation for MCSL. I further agree to indemnify and hold harmless each and any of the above for any and all damages any of them may suffer by reason of participation by my child(ren) or ward(s) in said activities. All decisions regarding the placement or seeding of swimmers in meets are the responsibility of the team's coaches based on the best interest of the team, subject to review by the board of directors of Quince Orchard Swim Club, Inc. I hereby waive any right of legal action against the Quince Orchard Swim Club, Inc., its coaches, or members of its board of directors related to any disagreement I may have with such decisions.

I do _____ do not _____ give permission for photographs (names will not be used) of my child/children to be used on the Quince Orchard Otters website. Parent Initials: _____

I UNDERSTAND THAT MCSL RULES REQUIRE THAT ALL SWIMMERS MUST BE A MEMBER OF THE QUINCE ORCHARD SWIM AND TENNIS CLUB, AND THAT I AM RESPONSIBLE FOR VOLUNTEERING FOR A **MINIMUM OF FOUR (4) JOBS** AT MEETS & OTHER SWIM TEAM ACTIVITIES. DUTIES WILL BE ASSIGNED BY BOARD AS NEEDED.

Parent/Guardian Signature *Date*

All families are encouraged to register in-person at the pool on one of the following dates.

Sunday, May 17
3-6pm

Tuesday May 26
4:45-6:45pm