

"Killer" Club Swim

Registration Form

CLUB SWIM REGISTRATION FORM			
Participant's Name		Email Address:	
Parent's First & Last Name		Contact Phone Number	
Mailing Address			
<p>Please communicate any medical, allergies, chronic illness or special needs that the Coaches should be made aware:</p> 			
<p>I, attest that I am (or my child) physically fit for this type of activity. I hereby waive, release and discharge any and all claims against the Methow Valley Killer Whales, the Town of Twisp, all their representatives and supervisors from any and all claims and/or damages which may be sustained by the participant in any activities sponsored by the Methow Valley Killer Whales Swim Team and/or the Town of Twisp. I hereby give my permission for the coaches to authorize medical treatment for my child in the event of an emergency at or in route to any and all Club Swim activities.</p> <p>Signature of Adult Participant or Parent/Guardian: _____</p> <p>Date: _____</p>			
REGISTRATION STATUS			
<p><input type="checkbox"/> I would like to join "CLUB SWIM". Registration form and Check # _____ made out to the Town of Twisp for the total amount of \$100 with this application is required for membership. Please Check preferred training time ____ Tues/Thur 8:00 to 9:00 am. ____ Tues/Thur 9:00 to 10:00 am.</p> <p style="text-align: center;">Send application along with your payment to: Town of Twisp, PO Box 278, Twisp, WA, 98856</p>			