

**North Harford Swim Club**  
**Registration-Swim Team**

Swimmers Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-MailAddress \_\_\_\_\_

Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of June 1 \_\_\_\_\_

Parents Names \_\_\_\_\_

Are you a North Harford Swim Club Member? \_\_\_\_\_

Were you a member of our team last year? \_\_\_\_\_

**North Harford Swim Club Waiver**

I give my child permission to swim on the North Harford Swim Team. I understand that this is a cooperative swim team of the North Harford Swim Club, Inc. I agree to hold harmless the North Harford Swim Club, and its officers, and I accept responsibility for my child participating in the North Harford Swim Team activities.

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Parent Signature and Date

**Harford Swim League Waiver**

As a condition of membership on a swim team of the Harford Swim League, I the parent or guardian of the team member, hereby agree to waive any claim against my swim club/team or any other club/team which is a member of the Harford Swim League for injuries or other damage to my child that may arise in connection with participating on the swim team in any manner whatsoever.

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Parent Signature and Date