



# COVINGTON SWIM TEAM

## Spring & Summer 2010

May 24<sup>th</sup> – July 24<sup>th</sup>, 2010

Last Name: \_\_\_\_\_ Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email (please print clearly!) \_\_\_\_\_

COVINGTON SWIM TEAM Swimmer's Name	T-shirt size YS, YM, YL AS, AM, AL, AXL	Date of Birth (MM/DD/YY)	Sex	Spring only	Summer only	Spring & Summer	Subtotal
1. _____	_____	_____	M / F	<input type="checkbox"/> \$120	<input type="checkbox"/> \$252	<input type="checkbox"/> \$350	_____
2. _____	_____	_____	M / F	<input type="checkbox"/> \$120	<input type="checkbox"/> \$252	<input type="checkbox"/> \$350	_____
3. _____	_____	_____	M / F	<input type="checkbox"/> \$120	<input type="checkbox"/> \$252	<input type="checkbox"/> \$350	_____
4. _____	_____	_____	M / F	<input type="checkbox"/> \$120	<input type="checkbox"/> \$252	<input type="checkbox"/> \$350	_____

High School Students ~ ages 15 - 18 years old

1. _____	_____	_____	M / F	<input type="checkbox"/> \$126	<input type="checkbox"/> \$175	_____
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Swim Team Fees \$ \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: LOS ALTOS MASTERS**

Please list any allergies, illnesses, or physical or emotional conditions that may limit the participant's ability to take part in our swim programs. Also list anything about your child's health, past or present, you would like to explain.

If not available in an emergency, notify:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_ Phone: \_\_\_\_\_

I absolve the City of Los Altos, Mt. View High School, the Mountain View-Los Altos Union High School District, Los Altos Masters, their employees, members, boards, and officers from all liability that may arise as the result of my participation in the above activities. If the participant is a minor, I give my permission for his or her participation and absolve the City of Los Altos, the Mountain View-Los Altos Union High School District, and Los Altos Masters, their employees, members, boards, and officers from such liability. I assume all financial responsibility for medical cost should injury occur. If an emergency arises which requires immediate medical attention, I give my permission for the Los Altos Masters and their employees to take reasonable steps to protect the health of the participant.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: LOS ALTOS MASTERS, P.O. BOX 672, LOS ALTOS, CA, 94023  
 email: [covingtoncritters@gmail.com](mailto:covingtoncritters@gmail.com)  
 website: [www.covingtoncritters.com](http://www.covingtoncritters.com)