

# EAC REGISTRATION FORM

Parent(s) or Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address : \_\_\_\_\_

E-Mail Address (This is our primary communication tool during the season): \_\_\_\_\_ USA Swimming

\*\*\*\*\* Member?

\_\_\_\_\_ M / F Y N  
First Swimmer \_\_\_\_\_ DOB \_\_\_\_\_ Age on 12/1/10

\_\_\_\_\_ M / F Y N  
Second Swimmer \_\_\_\_\_ DOB \_\_\_\_\_ Age on 12/1/10

\_\_\_\_\_ M / F Y N  
Third Swimmer \_\_\_\_\_ DOB \_\_\_\_\_ Age on 12/1/10

\_\_\_\_\_ M / F Y N  
Fourth Swimmer \_\_\_\_\_ DOB \_\_\_\_\_ Age on 12/1/10

Swimmer 1: Level Completed 2009/10: Novice Jr Sr HS Level Request for 2010/11: Novice Jr Sr HS  
Swimmer 2: Level Completed 2009/10: Novice Jr Sr HS Level Request for 2010/11: Novice Jr Sr HS  
Swimmer 3: Level Completed 2009/10: Novice Jr Sr HS Level Request for 2010/11: Novice Jr Sr HS  
Swimmer 4: Level Completed 2009/10: Novice Jr Sr HS Level Request for 2010/11: Novice Jr Sr HS

If High School Swimmer – what High School Team \_\_\_\_\_

\*\*\*\*\*

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

List any medical problems \_\_\_\_\_

Payment Options: Full \$ \_\_\_\_\_ 3 Payment Option (down payment) \$ \_\_\_\_\_ (See fee statement)

I Do Not want any photos of my child to be placed on the EAC website. \_\_\_\_\_  
(Initial)

I give my child(ren) permission to participate on the Elizabethtown Aquatic Club swim team. I agree to all fees, policies and parent & swimmer responsibilities as described on the EAC website at [www.eacgators.com](http://www.eacgators.com) I also understand that I (or other responsible party) am expected to volunteer to help at every meet that my child attends (see below for additional information).

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

## PARENT VOLUNTEER INFORMATION

Parental participation is **REQUIRED** since the Elizabethtown Aquatic Club is a volunteer organization. Approximately 50 volunteers are needed to conduct a dual, home swim meet, and more for invitational's such as the Frosty Frolic. For this reason, we ask that you complete this section now. Please indicate an area or areas in which you would be willing to help. Changes may be made at a later date. (Below is the minimum number of volunteers needed for a single meet)

Food Stand (12) \_\_\_\_\_ Runners (4) \_\_\_\_\_ Timers (12) \_\_\_\_\_ Scoring (4) \_\_\_\_\_

Announcers (2) \_\_\_\_\_ Finish Judges (2) \_\_\_\_\_ \*Officials (4) \_\_\_\_\_ Clerk of Course (4) \_\_\_\_\_

Team Building (6) \_\_\_\_\_ Sponsorship (3) \_\_\_\_\_ \*Training Required

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

Would you be interested and willing to serve on the Board of Directors? \_\_\_\_\_ (requires monthly meeting attendance)

*Registration Form can be returned to: Elizabethtown Aquatic Club, P.O. Box 351, Elizabethtown, PA 17022*