

# Thunderbolt 2008 Registration Form

Make checks payable to *Thunderbolts*. Mail this form and check to:  
Bradley White, 3777 Rogers Cove, Duluth, GA 30096.

**Swimmer 1:**Name \_\_\_\_\_ Gender: \_\_\_\_\_ Fee: \_\_\_\_\_

DOB: \_\_\_\_\_ Swimmer's age on June 1, 2008 : \_\_\_\_\_

**Swimmer 2:**Name \_\_\_\_\_ Gender: \_\_\_\_\_ Fee: \_\_\_\_\_

DOB: \_\_\_\_\_ Swimmer's age on June 1, 2008 : \_\_\_\_\_

**Swimmer 3:**Name \_\_\_\_\_ Gender: \_\_\_\_\_ Fee: \_\_\_\_\_

DOB: \_\_\_\_\_ Swimmer's age on June 1, 2008 : \_\_\_\_\_

**Circle One:** Returning Bolt /New to Gwinnett County Swim League ("GCSL")/Changing teams within GCSL

**Mother's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Are you residents of Olde Savannah Square? Yes or No

**ONE E-mail address** for family to receive team e-mail: \_\_\_\_\_

**ONE phone number** for family to receive Calling Post messages: \_\_\_\_\_

**2008 Fee schedule:**

Category	On or before March 9	March 10 – May 9	May 10 or later
Swimmer 1 (only if 14 & under, see below for 15 & up fees)	\$110.00	\$125.00	\$140.00
Swimmer 2 (only if 14 & under, see below for 15 & up fees)	\$70.00	\$85.00	\$100.00
Swimmer(s) 3 or more (only if 14 & under, see below for 15 & up fees)	\$35.00	\$50.00	\$65.00
<b>All Age 15 &amp; Up Swimmers</b>	\$80.00	\$95.00	\$110.00

Total Swimmer Fees (No refunds): \_\_\_\_\_ No Work Fee enclosed \$300 \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_ Check number: \_\_\_\_\_

Circle T-Shirt sizes for **SWIMMERS ONLY** (Free with registration!): YM YL AS AM AL AXL AXXL  
Quantity \_\_\_\_\_

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**Medical Release**

I am willing and desire that my child (or children) become a member of the Thunderbolt Swim Team. I will assist in observing the rules of the team and the league. I waive any claims against the Thunderbolt Swim Team and its representatives that may result from any injury to my child, except to the extent covered by liability and medical insurance, if any.

I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting such participant. In the event I cannot be reached in an emergency, I hereby authorize the calling of a physician at my expense to provide whatever emergency medical or other treatment as necessary.

\_\_\_\_\_  
(Parent Signature) (Date)

**WHITE – Council Member Copy PINK – On Deck Copy GOLDENROD – Swimmer Copy**