

2008 SALTAIRE SWIM TEAM  
APPLICATION

( stamp here )

**FEES:** AGES 8 & UP ONLY

AMT. PAID

Please note that all fees are **non-refundable.** Checks Only. No Cash Please.  
Your cancelled check will act as your receipt.

No. of Children

One Time Fee

\$60 per child

\$ \_\_\_\_\_

The above fee is being charged to partially defray the cost of a swimteam uniform and travel. It is required that each member have and wear the swim uniform when competing. The uniform will consist of a swimsuit, goggles and cap. You may use the chart below to figure which size uniform to have ordered, or confer with Danielle Boehmcke and she will assist you in that regard.

NAME OF CHILD	AGE	SEX	SWIM SUIT SIZE

1. FIRE ISLAND ADDRESS \_\_\_\_\_
2. FIRE ISLAND PHONE \_\_\_\_\_
3. PERMANENT ADDRESS \_\_\_\_\_
4. PERMANENT PHONE \_\_\_\_\_
5. PARENT(S) NAME \_\_\_\_\_
6. EMERGENCY NAME \_\_\_\_\_
7. EMERGENCY PHONE \_\_\_\_\_

The Recreation Program provides limited accident insurance coverage for each child during participation in camp activities. The terms and conditions of the policy are available through the Village Office. It is not in any way a substitute for family medical coverage.

I give permission for emergency diagnostic and therapeutic procedures, including hospitalization, securing proper treatments, injection of medication, anesthesia or surgery as may be deemed necessary for my child by the medical personnel in charge of care at the time; and also provide information concerning my child's medical condition to the responsible officials when deemed necessary. My child is in good health and has my permission to enroll and participate. My child has no previous sickness, illness, disease or bodily injury which is in any way a constraint or restriction to his/her participation on the Saltaire Swim Team.

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
PARENTAL DESIGNEE'S NAME

OR

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DESIGNATE'S SIGNATURE

