

# 2009 Kingstream Kahunas Registration

Please Print Clearly, in Blue or Black Pen

Registration fee is \$85 per swimmer, \$55 for additional swimmers in the family, \$100 for beginners. Please write check for registration fee payable to **Kingstream Kahunas** and bring with the registration form and medical form to the pool on Sunday, May 17 from 5:00 – 6:30 pm, Monday, May 18 from 5:00 – 6:30 pm, Monday, May 25 from 6:00 – 7:30 pm or on Tuesday, June 2 from 4:00 – 6:00 pm.

## Swimmer Registration (note if Beginner)

Name (as desired on awards)      Birth Date      Age (at start of season)      Sex M/F

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## Meet Volunteer Opportunities

All families are required to assist with meet volunteer duties. Each family must sign up for volunteer slots at each meet attended. Make sure to put your volunteer choices on the volunteer sheets at registration nights. The volunteer notebook will be kept at the pool behind the desk in case you need to confirm what you have signed up for.

**Email:** Our primary mode of communication will be via email. Please supply one or more email address for your family. Please print clearly.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent Information:** Parents' names:

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

Phone:home/cell \_\_\_\_\_

**Liability Waiver.** As the parent (or legal guardian) of the above named minor(s), I grant permission for this (these) minor(s) to participate in all activities of the Kingstream Swim Team. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and so hereby release and waive all claims against the Kingstream Swim Team, sponsors, volunteers, and other participants.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY:      paid \$ \_\_\_\_\_      Check # \_\_\_\_\_      Cash \_\_\_\_\_

Volunteer sign up \_\_\_\_\_      Medical form \_\_\_\_\_