

**Names (age) of swimmers returning to the team**

If 10 and under, indicate 4:30 or 7:00 practice on Monday and Wednesday by putting time next to name,

**Has any contact information changed: address, phone number, email address? If so, what?**

**Any additional information we should know about?**

**T-Shirt Size:** (Needed to order team shirt) **Indicate number of shirts needed under size**

Youth Medium      Youth Large      Adult Small      Adult Medium      Adult Large      Adult Extra Large

On occasion, Otters swimmers are photographed for team media presentations, for local newspaper coverage, or videotaped by a coach for skill-building purposes. Please indicate below whether you authorize your child(ren) to be included in this form of coverage. Thank you.

**YES, I authorize**

**NO, I don't authorize**

**Parent Signature:** \_\_\_\_\_

In case of accident or serious illness suffered by my/our child during his/her participation in an ORO activity, I/we request the ORO or its agents to contact *me/us* at the telephone number below. In the event that I/We cannot be reached, I/We authorize the ORO or its agents to secure whatever reasonable and necessary medical treatment is required.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Emergency telephone number \_\_\_\_\_

**Dues:**            \$385 per swimmer  
                      \$200 per swimmer for high school swimmers who also practice with their high school team

- Add \$60.00 per swimmer for USA Swimming fee
- Add an additional \$50.00 for the meet escrow account if you attend meets with fees.
- If you have 3 or more swimmers, deduct \$60 for swimmer #3 and #4.
- *Please note that Otter dues refunds will only be given for a medical excuse by your doctor. We have no ability to refund the USA Swimming fee*

Please make your check payable to: **"Friends of Otters"**

Check # \_\_\_\_\_ Amount \_\_\_\_\_

**I have read page 2 and understand my responsibilities as a parent and a swimmer.**

I, the parent or guardian of the above named child hereby, give my approval for his/her participation in any and all of the activities of the ORO program. I acknowledge that, in the course of participating in this program, my child will be engaging in strenuous physical activity that may cause physical injury including, but not limited to, cardiac injury resulting in death. I agree to hold the Oyster River Otters, Friends of Otters, and their employees and volunteers harmless in the event of physical injury. I certify that all known physical defects pertaining to the above applicant have been enumerated.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
\_\_\_\_\_  
Swimmer(s) signature

**Print this page and turn in at registration along with the NE Swim form**