



Hudson Valley Bluefish

# Swim Team

## Fall 2008 Registration

Due September 23rd @ First Practice

The Bluefish are a small, "Family" Swim Program run by Volunteer Parents. We have been in operation for the past 8 years, teaching children proper stroke technique and building endurance through lap swimming.

Swimmer's Name: \_\_\_\_\_ Age as of 9/1/08: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address (w/ zip for mailings): \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please describe any specific health problems, physical limitations or allergies that affect your child:*

\_\_\_\_\_

Please list the name and numbers of two emergency contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to swimmer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to swimmer: \_\_\_\_\_

I, \_\_\_\_\_, understand that in all/any physical activity, an element of risk is involved. I give my child, \_\_\_\_\_, permission to participate in the Hudson Valley Bluefish's Swim Team Program.

I release the Hudson Valley Bluefish, their coaches, and agents from any and all liability for injury and loss that may occur during my child's participation in the Hudson Valley Bluefish's Swim Team Program.

In case of emergency, I give permission to the Hudson Valley Bluefish staff to take, or have my child transported to a hospital for treatment, including evaluation of injuries, x-rays, and needed care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates: **9/23/08 to 12/09/08 (22 practices)**  
(excluding Thanksgiving)

Times: **6:30 to 7:45pm (Tues. & Thurs. Evenings)**

Fees: **\$125 for each Swimmer, or \$200 for Family**

Location: **NYMA Pool, (NY Military Academy)  
Faculty Road, Cornwall**

Questions.....? Call: Coach, Leif Stepakoff @ 562-0244  
Treasurer, Holly Borzacchiello @ 534-2490