

# PEMBROKE MEADOWS MARLINS SWIM TEAM

Website: www.marlinsswimteam.com

## 2022 Registration

Are you a new Marlin? Y \_\_\_\_\_ N \_\_\_\_\_

Parent #1 Name: \_\_\_\_\_ Parent #2: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

**Eligibility: Swimmer must be 18 years old or younger as of 06/15/2022. Must be at least 5 years old and able to swim the length of the pool.**

Swimmer (s): Last Name	First Name	Birthday	Age on 6/15/22	M/F
_____	_____	MM / D / Y ____/____/____	_____	_____
_____	_____	____/____/____	_____	_____
_____	_____	____/____/____	_____	_____

**(Non- Pembroke Pool members must add a \$100.00 fee per family which goes to the Pembroke Meadows pool, a separate organization. This entitles the swimmer to use the pool during practice periods. In addition to this fee, each PMMST family will be asked to donate baked goods/pasta/fruit/drinks etc. for each of our home meets and practice meets. If you prefer, you may donate \$50.00 to the team to release you from the food goods obligation.)**

Fees: each swimmer: \$125.00 Each additional swimmer: \$90.00 Pembroke Pool Fee (if needed) \$100.00 Concession fee (if needed) \$50.00

Amount enclosed for swimmer/s: \$ \_\_\_\_\_ Non- pool member fee: \$ \_\_\_\_\_ Concession fee: \$ \_\_\_\_\_

Total Enclosed: \$ \_\_\_\_\_

My child has permission to swim for Pembroke Meadows Marlins Swim Team (PMMST) of the Virginia Beach Swim League (VBSL). I will not hold VBSL, PMMST or the Pembroke Meadows Recreation Center, Inc., or any of their respective officers, directors, coaches or employees responsible in the case of accident or injury as a result of participation and hereby waive any claim I or my child may subsequently have against them.

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

**Please mail check to PMMST c/o Jane Orem, 831 St. Dennis Court, Virginia Beach, VA 23455**

Swim Team Reps and Committees: Your team reps – Jane Orem 757-285-0030) & Tara Hoover NEED YOUR HELP and are always seeing additional volunteers to help with team duties and decisions.

PHOTO RELEASE: **I AGREE TO ALLOW MY CHILD'S PHOTO TO BE USED** on the PMMST website and in any team brochure or advertisement. This website is for information purposes only and any other use to promote the swim team. I understand that I may request to have my child's photo removed at any time.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_