

G.I.L.L.S. REGISTRATION FORM

Fall/Winter 2010

SWIMMER NAME(S)

1. _____
Last First Middle Date of Birth Age, Sex
2. _____
Last First Middle Date of Birth Age, Sex
3. _____
Last First Middle Date of Birth Age, Sex
4. _____
Last First Middle Date of Birth Age, Sex

Address: _____ Do you live in High School District 230? Yes/No

City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

E-mail Address*** _____

*****Please Print Clearly*** ***The Majority of the Team's Communication is By E-Mail*****

Parent(s) Name: _____
Last First Occupation

Last First Occupation

Emergency Contact: (If parents can't be reached)

Name Relationship Phone

Does your child have any medical conditions we should know about? Yes/No

If yes, please explain _____

Currently Registered USS: Yes/No If Yes, Team _____

May we include your phone number in a team directory for our GILLS families? Yes/No

May we include your child's name and/or picture on our web site and/or in news articles? Yes/No

I/We agree to indemnify and hold the GREAT ILLINOIS SWIMMERS, INC. (Board Members and Coaches) harmless from any and all loss, cost (including reasonable attorney's fees), damages or expenses incurred by reason of injury or damage or claim of injury or damage to persons or property or interest therein arising out of my/our child's participation in the GREAT ILLINOIS SWIMMERS, INC. for the season noted above. I/We have received a copy of the G.I.L.L.S handbook and agree that I/we and my/our child will abide by all the rules and policies of the G.I.L.L.S Swim Team.

Parent Signature _____ Date _____

G.I.L.L.S. REGISTRATION FORM

Fall/Winter 2010

1. SWIM FEE: \$ 385 – 1st child = _____
 \$ 285 - 2nd child = _____
 \$ 235 - 3rd child = _____
 Free - 4th child = _____
 \$85 - high school swimmer = _____
- TOTAL REGULAR SEASON SWIM FEES = _____ (1)
2. USS FEE: \$60.00 per child X ____ child(ren) = _____ (2)
3. IN DISTRICT 230 FEE: \$15.00 per child X ____ child(ren) = _____ (3)
4. OUT OF DISTRICT 230 FEE: \$100.00 per family. (*if applicable*) = _____ (4)
- TOTAL DUE (ADD LINES 1,2,3 or 4 *if applicable*) \$ _____

Please write additional separate checks for each of the following # 5 and # 6

5. VOLUNTEER FEE: \$100 per family (This check will not be cashed and will be returned at the end of the season once the volunteer commitment is met.)
 SEPARATE CHECK. = \$100.00 (5)
6. FUNDRAISER \$50 (5 cards) for single swimmer or \$100 (10 cards) for 2 or more swimmers per family
 (This check will be cashed approx 1 month later) SEPARATE CHECK = _____ (6)

NOTE: All fees are payable in full at registration. Please make all checks payable to GILLS Swim Team. Those families with more than one swimmer may contact the Team Administrator/Treasurer to establish a fee payment schedule. All fees must be paid in full by November 1, 2010 or a swimmer will not be allowed to continue to participate in practices or meets. If during the first two weeks of the regular season, your swimmer must withdraw from the team; your fees will be refunded in full. Please inform the Coach and the Administrator/Treasurer. After Sept 28, 2010, there will no refunds.

TO BE COMPLETED BY G.I.L.L.S STAFF:

Payment Received: \$ _____ Check # _____ Cash \$ _____

Volunteer (Separate check) \$ 100.00 Check # _____ Cash \$ _____

Fundraiser (Separate check) \$ _____ Check # _____ Cash \$ _____

Outstanding Balance Due \$ _____ Check # _____
 (With Treasurer's Approval)

Signature, GILLS Board Member _____ Date _____

Signature, Team Administrator/Treasurer _____ Date _____