

G.I.L.L.S. REGISTRATION FORM Fall/Winter 2011-12

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

Yes/ No Does your child have any medical conditions we should know about?
If yes, please explain _____

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

Yes/ No 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?

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 _____

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FAMILY NAME _____

- | | |
|--|---|
| 1. SWIM FEE: \$ 385 – 1st child | = _____ |
| \$ 285 - 2nd child | = _____ |
| \$ 235 - 3 rd child | = _____ |
| Free - 4 th child | = _____ |
| \$85 - high school swimmer | = _____ |
| | SWIM FEES TOTAL = _____ (1) |
| 2. USS FEE: \$60.00 <u>per child</u> X _____ child(ren) | = _____ (2) |
| 3. IN DISTRICT 230 FEE: \$15.00 <u>per child</u> X _____ child(ren) | = _____ (3) |
| 4. OUT OF DISTRICT 230 FEE: \$100.00 <u>per family</u> . (If applicable) | = _____ (4) |
| | TOTAL \$ _____ |
| | SEPARATE CHECK (ADD LINES 1,2,3,4) |

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- Sell each for \$10 and you get your money back). This check will not be cashed for 1 month.
SEPARATE CHECK = \$50.00 (6)

NOTE: Please make all checks payable to GILLS Swim Team. Those families with more than one swimmer may pay regular fees in 2 or 3 equal installments. (At registration- Initial payment and 1 or 2 additional payments with checks post dated Oct 1 and Nov 1). Fees must be paid in full by Nov 1, 2011 or a swimmer will not be allowed to continue. If during the first 2 weeks of the regular season, your swimmer withdraws from the team; the swim fee will be refunded (minus the USS FEE). Please inform the Coach and the Treasurer of any withdraws. After Sept 16, 2011, there will no refunds.

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

Payment 1 \$ _____ Check # _____ Payment 2 \$ _____ Check # _____

Payment 3 \$ _____ Check # _____ Total Payment Received \$ _____

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

Fundraiser (Separate check) \$ 50.00 Check # _____ Cash \$ _____

Signature, GILLS Board Member _____ Date _____

Signature, Team Administrator/Treasurer _____ Date _____