



*An Exclusive Recreational Membership*

## Sun Rays Swim Team "2015" Registration Form

Please complete this form and return to Maria Hurley, Membership Manager.

**All Swim Team Registration fees will be charged to Credit card on file.**

Resorts North Member Number \_\_\_\_\_ Date \_\_\_\_\_

Swim Team Member Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Years Swimming \_\_\_\_\_

Parents Names \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

What is your Swimming experience: Beginner Swim Lessons Competitive  
(circle one)

Are you a Previous Thomson or Resorts North Swim Team Participant? Yes No (Circle one)

**Swim Team Member Fee for 2015 is \$225.00 – Second add'l sibling \$200.00  
3rd or more free (\$425.00 Maximum per Family)**

*I authorize Resorts North to charge my credit Card on file.*

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**



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### Sun Rays Swim Team Authorization and Consent Form

Swimmers Name \_\_\_\_\_ DOB \_\_\_\_\_

**Injuries/Medications/Allergies:** Please list any Allergies or mediations that the Coaching Staff should be aware of and any treatments already prescribed by a Doctor (ex. Asthma = inhaler)

**Please List any Medications:**

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**Promotional Release:** I hereby grant consent and Authorize the use of photographs, video and film of my Swimmer participating in Resorts North Activities for commercial, promotional and art purposes in any medium of advertising, communication, publication or publicity that will promote the Resorts North Sun Rays Swim Team.

**Parent/Guardian Initials:** \_\_\_\_\_

**Off-Site Activities:** I hereby grant consent for my swimmer to utilize Resorts North facilities and other swim venues for practices and meets. Additionally, I hereby grant permission (where appropriate) for my swimmer to attend any dry land practices assigned by the Head Coach.

**Parent/Guardian Initials:** \_\_\_\_\_

**Off Site Charging:** I hereby understand that charging privileges directly to my Membership card are not Authorized through Resorts North. Any purchases food/beverage or otherwise, made at off premise locations. Member is responsible for payment at time of purchase.

**Parent/Guardian Initials:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

General Offices: 149 S. Main Street Middleton, MA 01949  
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