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Amt:\$	_____
Level:	_____
Scholarship:	_____
For OCPP use only	

Oakland Community Pools Project Fall 2011 Swim Team Registration Form

NEW RENEWAL

Name: _____ Age: _____ School: _____

DOB: ___/___/___ Gender: Male Female Ethnicity: _____ Level: Bronze/ Silver/ Gold/ Dev/ Jr. Age/ Age/ Pre Sr.

Name: _____ Age: _____ School: _____

DOB: ___/___/___ Gender: Male Female Ethnicity: _____ Level: Bronze/ Silver/ Gold/ Dev/ Jr. Age/ Age/ Pre Sr.

Name: _____ Age: _____ School: _____

DOB: ___/___/___ Gender: Male Female Ethnicity: _____ Level: Bronze/ Silver/ Gold/ Dev./ Jr. Age/ Age/ Pre Sr.

Name of Parents/ Legal Guardian: _____

Address: _____

(City) (State) (Zip)

Home Phone: _____ Other Phone: _____ Email: _____

In case of any emergency notify (other than person above):

Name: _____ Relationship: _____ Phone#: _____

*Annual Household Income: less than \$25,000 \$25,001 - \$40,000 \$40,001 - \$60,000

\$60,001 - \$80,000 \$80,001 - \$100,000 more than \$100,000

*Primary language spoken at home _____

Known Medical Problems (Examples: Asthma, epilepsy, etc.)

Has swimmer ever been on a swim team before? If so, where?

Will swimmer make all scheduled practices? If not explain.

Parental Permission/Hold Harmless Agreement

I, _____, the parent/legal guardian of the above named swimmer understand that participation in swimming programs entail an aspect of risk inherent in these activities. I agree to hold harmless the Oakland Community Pools Project, Inc., the Oakland Undercurrent Swim Team, and its agents, volunteers or employees from liability for any injury that may occur during the program. I understand that Undercurrent staff will provide and seek medical care if necessary for my minor. I also understand that O.C.P.P. and the Undercurrent Swim Team is not responsible for any cost related if injury is to occur to the above named minor. By signing below, I agree to this statement, its conditions, and hereby give my permission for the above named minor to participate in the Oakland Undercurrent swimming program.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Thank you for supporting OCPP. No refunds. Please keep your receipt.

*While providing this information is optional, as a non-profit organization the fees that we charge cover only 40% of the cost of running our program. Therefore, we must solicit funds from foundations and corporations to cover the remaining 60% of our budget and this demographic information is vital to our ability to successfully raise those funds. Thank you for your cooperation and please rest assured that this data is only presented in aggregate - your specific information is NEVER shared with anyone.