

Send completed form with check payment to:
 Red Bluff Tritons ATTN: Shonte
 PO Box 145, Red Bluff CA 96080

SWIMMER INFORMATION

Full Name: _____ Birth Date: _____ Age: _____ Male Female
 Medical Diagnosis/Medications: _____

Full Name: _____ Birth Date: _____ Age: _____ Male Female
 Medical Diagnosis/Medications: _____

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 Medical Diagnosis/Medications: _____

FATHER INFORMATION

Name: _____
 Mailing Address: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

MOTHER INFORMATION

Name: _____
 Mailing Address: _____
 Home Phone: _____
 Cell Phone: _____
 Email: _____

EMERGENCY CONTACT INFORMATION

Doctor: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

REGISTRATION INFORMATION

REGISTRATION FEE *(Check, Cash or Credit Card)*

- One Swimmer \$100
- Second Swimmer \$80
- Each Additional Swimmer \$50

Total # Swimmers: _____ Total Fees: _____

SWIMMER INSURANCE *(Check, Cash or Credit Card)*

- REQUIRED by USA Swimming
- Payment can be combined with Registration Fees
- Each Swimmer \$50.75

Total # Swimmers: _____ Total Cost: _____

PARENT HELP FEE: Each family is required to pay a **\$100 work deposit**, which will be held (not cashed), then returned once a parent has worked at least 10 hours during the RBT Invitational meet. If less than 10 hours are worked OR no parent participation, the check will be cashed (See Parent Handbook for details).

This work deposit is payable by check only and must be separate from the registration fee.

▶▶▶ **IMPORTANT!!!! All fees must be paid in full before a swimmer is allowed in the pool.** ◀◀◀
Fees are NON-REFUNDABLE. There is a \$20 fee for returned checks.

Parent/Guardian Signature: _____ Date: _____
By signing you agree to all fees listed above.

TRITONS USE ONLY: Registration/Insurance Check # _____ Work Deposit Check # _____

Swimmer Name(s): _____

PERMISSION TO USE PHOTOS

Summer 2019

- Online & Newspaper:** I hereby consent that the video, photos, electronic images and/or audio recordings of my child(ren) may be used by Red Bluff Tritons for Public Relations and Publicity purposes such as newspapers and the RBT website or Facebook page.
- Newspaper Only:** I understand that his/her last name and City of residence might be used for publicity purposes such as Newspaper coverage of events which is also displayed on the newspaper's website.
- NONE:** I do NOT wish for my child(ren) to be in ANY video or photos for ANY Public Relations or Publicity purposes.

Print Name: _____

Signature: _____

Date: _____

WORK BOND FOR INVITATIONAL MEET

July 14 & 15, 2019

- I acknowledge that I am aware of the work bond that I have paid in the amount of \$100 and understand the requirements of fulfilling the work commitment for a refund of this work bond. Failure to complete the commitment will result in a forfeit of the entire amount.

I understand that it is my responsibility to ensure completion of the said volunteer commitment. Please check a box below for your desired volunteer interest. Please Note: All Parents are expected to Set-Up and Tear-Down.

- | | | |
|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Runner | <input type="checkbox"/> Ribbons | <input type="checkbox"/> Announcer |
| <input type="checkbox"/> BBQ | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Bull-Pen | <input type="checkbox"/> Marshall | <input type="checkbox"/> Lane Line Sponsor |

Print Name: _____

Signature: _____

Date: _____