

2016 MHSAA STATE SWIM CHAMPIONSHIPS
TEAM REGISTRATION FORM

SCHOOL
NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

CLASS I: _____ CLASS II: _____ NORTH: _____ SOUTH: _____
(please check)

CONTACT
PERSON: _____

EMAIL: _____

COACH: _____

COACH: _____

COACH: _____

Teams are limited to one coach per 12 swimmers!

BUS
DRIVER: _____

TOTAL NUMBER OF SWIMMERS: _____ X \$10.00 = \$ _____

On behalf of each of the listed competitors, I understand and Agree that Tupelo Aquatic Center, City of Tupelo, MS and Tupelo Public School District shall be free of all liabilities and claims for loss of valuables and/or damages arising by any reason of injuries to anyone during travel to or from this meet or during the conduct of this meet or during any social gathering associated with this meet. I expressly agree to waive as condition of being allowed to enter this meet.

Date: _____

Signature of Coach/Official (typed name acceptable)

Printed Name of Coach/Official

TEAM ROSTER:

- | | |
|-----------|-----------|
| 1. _____ | 17. _____ |
| 2. _____ | 18. _____ |
| 3. _____ | 19. _____ |
| 4. _____ | 20. _____ |
| 5. _____ | 21. _____ |
| 6. _____ | 22. _____ |
| 7. _____ | 23. _____ |
| 8. _____ | 24. _____ |
| 9. _____ | 25. _____ |
| 10. _____ | 26. _____ |
| 11. _____ | 27. _____ |
| 12. _____ | 28. _____ |
| 13. _____ | 29. _____ |
| 14. _____ | 30. _____ |
| 15. _____ | 31. _____ |
| 16. _____ | 32. _____ |

33. _____
34. _____
35. _____
36. _____
37. _____
38. _____
39. _____
40. _____
41. _____
42. _____
43. _____
44. _____
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50. _____