



Southern Lehigh Community Pool  
 3900 Jacoby Road  
 P.O. Box 103  
 Coopersburg, Pa 18036  
 solecopool.org  
 email: solecostingrays@gmail.com

## SOLECO STINGRAYS “SUMMER SPLASH”: June 29, 2024 INDIVIDUAL ENTRY FORM

(Must be received by **JUNE 22, 2024**)

In consideration of your acceptance of this entry, I hereby for heirs, my assignees and myself waive any and all claims for damages that I might have against the SOUTHERN LEHIGH COMMUNITY POOL or their agents or representatives for any and all injuries suffered by me in or at said meet.

Swimmer's name: \_\_\_\_\_ M/F: \_\_\_\_ Swimmer's Date of Birth: \_\_\_\_\_

Age (as of 6/28/2024): \_\_\_\_\_ Swim Club: \_\_\_\_\_

(Please be specific, awards given according to Team)

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Event # Event Name Best time (in meters)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of individual events entered \_\_\_\_\_ @ \$5.00 each \$ \_\_\_\_\_

Meet Surcharge \$5 \$ \_\_\_\_\_

Total Amount Due (Payable to: SOLECO) \$ \_\_\_\_\_

**TEAMS MAIL ONE ENTRY TO:** Summer Splash, SOLECO Pool, P.O. Box 103,

Coopersburg, PA 18036 OR put in the SUMMER SPLASH folder at the pool.

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