

**WOODLAND POND SWIM TEAM REGISTRATION FORM 2010**

**PARENT/GUARDIAN: Please complete all the following information, and BOTH signature lines. PLEASE PRINT.**

**SWIMMER'S NAME**

FIRST	LAST	BIRTH DATE	M/F	AGE
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____
_____	_____	_____	____	____

**ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Secondary E-mail** \_\_\_\_\_

**\*PLEASE PROVIDE AT LEAST ONE EMAIL AS THAT WILL BE A PRIMARY METHOD OF COMMUNICATION\***

**TOTAL: \$** \_\_\_\_\_

**Emergency Contact** (for use during practice if parent/guardian is not available)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION:**

I authorize any representative of Woodland Pond Swim Team to represent my child listed above for Emergency Medical Treatment by a physician, surgeon, or hospital licensed by the Commonwealth of Virginia.

Signature of Parents/Guardians: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\_\_\_\_\_  
Date: \_\_/\_\_/\_\_

Name of Swimmer's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**CONSENT TO PLAY:** We hereby agree to indemnify and hold harmless Woodland Pond Swim and Racquet Club, its Swim Team, Directors, Agents, and Coaches against all injuries of said swimmer(s) participation in this swim program. We further signify that we read and agree to abide by and accept the Terms and Conditions listed below. Failure of Parent/Guardian to sign or complete this form in its entirety shall absolve Woodland Pond Swim and Racquet Club and its Swim Team, Directors, Agents, and Coaches of any and all responsibility herein.

Signature of Parents/Guardians: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\_\_\_\_\_  
Date: \_\_/\_\_/\_\_

**TERMS AND CONDITIONS:**

There will be no refunds.

I certify that my child/children listed above is/are in good health and capable of safe participation in the Woodland Pond Winter Swim program.

If the Emergency Medical Treatment Authorization is not signed by the parent/guardian listed on this form, the parent/guardian must be present at every practice session; otherwise, the swimmer cannot participate.

The Registration Form will not be accepted if the Consent to Play section is not signed by the parent/guardian.

Any concerns should be brought to the attention of a Swim Team Board Member as soon as possible.