

FOREST HILLS SWIM TEAM REGISTRATION 2009

LAST NAME	FIRST NAME	MI	MALE/ FEMALE	DOB	AGE ON 6/1/09	NEW TO FH? PREV.TEAM?	ANY PHYSICAL LIMITATIONS?

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ E-mail address: _____

Mother: _____ Office Ph: _____ Cell Ph: _____

Father: _____ Office Ph: _____ Cell Ph: _____

I, _____ am the parent of a member of the Forest Hills Swim Team. I acknowledge that my child(ren) will practice under the direct supervision of coaches who are also certified as lifeguards. In the event that during such a practice my child requires medical attention, I hereby give full authority to the Forest Hills Coaching Staff to authorize such medical treatment as is necessary in their judgment. I hereby release the Coaching Staff from all claims that may arise from the good faith exercise of this authority.

Emergency Contact Person: _____ Phone #: _____

I understand that the Forest Hills Swim Team is managed entirely by parent volunteers under the direction of the Roanoke Valley Aquatic Association (RVAA). I further understand that I am required to attend one of the team's informational meetings. I agree to assist the team in meeting volunteer requirements by working two meets during the season in addition to the City/County meet at the end of the season.

Parent Signature _____ Date _____

Remember without volunteers there can be no swim meets.

MARK THE BOX IF YOU DO NOT WANT TO BE INCLUDED IN THE SWIM TEAM DIRECTORY

PLEASE DO NOT MARK IN BOXES BELOW

FEE SCHEDULE ON BACK - FEES DUE AT TIME OF REGISTRATION