

FOREST HILLS SWIM TEAM REGISTRATION 2016

LAST NAME	FIRST NAME	MI	MALE/ FEMALE	DOB	AGE ON 6/1/16	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. 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 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. I agree that I am a member of Forest Hills Swim Club.**

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

FEE SCHEDULE ON BACK - FEES DUE AT TIME OF REGISTRATION