

# FOREST HILLS SWIM TEAM REGISTRATION 2017

LAST NAME	FIRST NAME	MI	MALE/ FEMALE	DOB	AGE ON 6/1/17	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