



PARK VILLAGE SWIM TEAM
2011 REGISTRATION FORM
(PLEASE COMPLETE ONE FORM PER SWIMMER)

FOR SWIM TEAM USE ONLY	
Registration Date:	_____
CK#:	_____ Amount: _____
Cap	<input type="checkbox"/> Handbook <input type="checkbox"/>
Volunteer Fee	<input type="checkbox"/> check # _____

SWIMMER INFORMATION (PLEASE PRINT CLEARLY:

Swimmer's Name: _____ Male Female

Swimmers DOB: _____ Swimmers Age as of June 1, 2011: _____

Circle T-Shirt Size: YS YM YL AS AM AL AXL

Home address: _____ Phone: _____

Please list any physical limitations or other medical information which the coaching staff should be aware of (i.e., asthma, seizures, life threatening allergies, etc.)

PARENT/GUARDIAN INFORMATION:

Parents/Guardians Names: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____
(This is our primary mode of contact. Please provide most frequently accessed email for your family.)

Emergency Contact: _____ Phone/Cell: _____

I give permission for my child to participate on the PV Swim Team and that all information provided is accurate. I understand that if there are any changes to this information I will be responsible for notifying the coaching staff.

Signature: _____ Date: _____

I understand that a parent or other designated responsible adult must stay on the pool deck and maintain supervision and responsibility for my swimmer if they are age 11 or under, this includes practice sessions and swim meets. I also understand that the coaching staff reserves the right to require adult supervision for a swimmer over the age of 12, if it is warranted by the child's behavior.

Signature: _____ Date: _____

Park Village Swim Team is a non-profit 100% volunteer organization and can only be as successful as its members make it. Duties will be assigned and credited to each of the participants' parent/guardian by the Volunteer Coordinator and/or Team Administrator. Consideration will be given to preferred areas of interest indicated on the separate Volunteer Registration Sheet (required to complete registration), but there is not a guarantee that help will not be needed in other areas. Failure to complete the volunteer requirements will result in the participants' parent/guardian check for \$150 being cashed if you have not worked at least 3 meets by the end of the 5th meet. If a parent/guardian prefers, he/she may choose not to participate in our volunteer program by letting us know at registration to go ahead and cash your check for \$150 up front.

- I/We agree to comply with the Volunteer Requirements listed above
- I/We prefer that other arrangements be made to replace our assistance as volunteers and agree to pay the required \$150 per family.

I have received and understand that I am responsible for abiding by the contents of the PV Swim Team Handbook.

Signature: _____ Date: _____

I give permission for my child's name and/or picture to be published on the PV website, the TSA website, the newspaper and other team related promotions.

Yes No Signature: _____ Date: _____