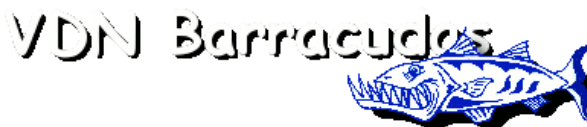


2011 VDN Barracudas Swim Team Registration

Please Complete **BOTH** Pages for Registration

Please print clearly



Swimmers (all fields required)

Last Name	First Name	Middle Initial	Birthdate MM/DD/YY	Gender M or F
			/ /	
			/ /	
			/ /	
			/ /	

Swimmers must be at least five (5) years old by June 1st to participate!

Parents / Guardians

1. _____
 Last name First name Relation to swimmer Contact phone #

 Street Address / Zip Code Other contact phone #'s

2. _____
 Last name First name Relation to swimmer Contact phone #

 Street Address / Zip Code Other contact phone #'s

E-mail address: (Please fill out secondary only if you want e-mail to both addresses)

Primary: _____ **Secondary:** _____

The VDN Swim Team uses e-mail as the primary method of communication.

Fees and Purchases (All fees due at registration)

Registration Fee Schedule	Item	Cost	Qty.	Extended Amount
<u>Resident / Non-res</u> 1 st swimmer \$80 / \$85 (over 14yrs old \$75 / \$80) Add'l swimmers \$75 / \$80	1st swimmer	\$75 / \$80 / \$85	1	\$
	Add'l swimmers	\$75 / \$80		\$
REFUND POLICY 100% refund before 1 st practice. 75% refund prior to 1 st meet. No refunds after 1 st meet.	Team t-shirts	\$13 / shirt		\$
	Name on shirt	\$ 2 / shirt		\$
Check# Cash	Swim cap	\$ 5 / cap		\$
	Other			\$
	Total			\$

Swim team chair: Ray Bruce, ray@vdbarracudas.com, 492-4130

2011 VDN Barracudas Swim Team Registration
Parent's Approval for Participation in Lone Star Summer Swim League
and Emergency Medical Authorization

Please print clearly

You may use one form for all of your children **IF** they have the same health insurance information.

I hereby certify that my child(ren)

#1 _____ #2 _____

#3 _____ #4 _____

Has/have my approval to participate in the Lone Star Summer Swim League (LSSSL) on the Vista Del Norte swim team (VDNST), to include practices and meets, at the Vista Del Norte pool or away.

I understand and agree that the LSSSL, its agents, representatives, volunteers and employees, if any, assume no responsibility or liability for any accident or injury as a result of any aspect of participation in swimming activities and swimming events. I hereby agree to indemnify and hold harmless the LSSSL, the VDNST, the Vista Del Norte Home Owners' Association (VDNHOA), their agents, employees and representatives from any and all liability for any injury to my child resulting from participation in swimming activities organized or conducted pursuant hereto.

I understand and acknowledge that participation in the above-listed activities creates the potential for receiving an injury. With the knowledge of this potential risk of injury, I am giving my child(ren) or ward(s) permission to participate in swimming and accept full responsibility for this decision.

In the event of an injury, I hereby grant permission to the LSSSL and/or the VDNST coaching staff and/or parent volunteers to render, secure, and authorize necessary medical treatment in the event I am not immediately available to make those decisions.

I understand that any medical expenses for injuries incurred by my child(ren) are my responsibility.

My insurance company is _____

Policy # _____ Group # _____

A copy of this authorization for medical treatment shall serve as an original.

I understand that each parent must serve 2 meet halves and I am committing to fulfill such by signing this release. If I/we do not fulfill our volunteer commitments, the Barracudas may not allow our swimmers named above to continue participation on the team, and I/we will forfeit registration fees.

Signature of Parent / Guardian #1 Contact phone # _____

Signature of Parent / Guardian #2 Contact phone # _____

Emergency Contacts: (other than parent/guardian already named)

Name _____ Phone #(s) _____

Name _____ Phone #(s) _____

Physician (optional) _____ Phone # _____

List any medical conditions for each child listed above (e.g., diabetes, seizures, asthma, allergies, etc.)

