

**2009 WILLIAMSBURG COLONY SWIM TEAM REGISTRATION FORM**

<b>Personal &amp; Parent Information</b>	<b>Subdivision</b> _____
Swimmers Name: _____	Birth date: _____ Age as of May 1 <sup>st</sup> _____
Address: _____	City/Zip: _____ Phone: _____
Father's Name: _____	Work # _____ Cell # _____
Mother's Name: _____	Work # _____ Cell # _____
Email Address : _____	
Swimmer's T-Shirt will be provided by WCST. Circle Size: YS YM YL AS AM AL AXL AXXL	

<p><b>Refund and Return Check Policy</b>                  There will be no refunds. There will be a \$45.00 charge for all returned checks. <b><u>NO EXCEPTIONS!</u></b>  <b>Your signature hereby acknowledges your agreement with the above statements:</b></p> <p align="center">_____</p> <p align="center"><b>Signature</b></p>
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<p><b>Waiver &amp; Medical Treatment Authorization</b></p> <p>Please read carefully before signing, this consent, and release of liability and waiver of important legal rights.</p> <p>I, _____ the parent/guardian of the child/participant/swimmer (hereinafter the "participant") named above, do hereby consent to and give approval for my above-named child to participate in any and all swim team and related transportation activities of Williamsburg Colony Swim Team ("Williamsburg Colony") and in the West Houston Aquatic League ("WHAle"). I assume all risks and hazards incident to such participation including, but not limited to, the participant's transportation to and from any said swimming activities, and do hereby waive, release, absolve, and hold harmless Williamsburg Colony and WHAle, all participating teams, officers, organizers, coaches, supervisors, directors, volunteers, other participants, and any other persons or parents involved in any such activities, from any and all demands, claims, and liabilities arising out of an injury to the participant. I also agree to indemnify and hold harmless Williamsburg Colony and WHAle, all participating teams, officers, organizers, coaches, supervisors, directors, volunteers, and other participants, and any other persons or parents involved in any way in such activities, for any damages, incurred or arising from any claims, demands, causes of action, or losses incurred by me, the participant, or any other guardian or parent of the participant.</p> <p>I do hereby authorize any representative of Williamsburg Colony or WHAle, including individual swim team representatives to have the participant treated in any medical emergency during their participation in such swimming or related transportation activities. Further, I do hereby agree to pay all costs associated with such medical care of, and transportation for, such treated participant. I have read the above consent, release of liability and waiver, and sign it with the full understanding, knowledge and approval of its contents and significance.</p> <p>X _____                  Parent/Guardian Signature</p> <p>List any allergies or restrictions: _____                  Health Insurance Company and Policy # _____</p> <p><b>Emergency Contacts:</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Name _____</td> <td style="width:20%;">Phone # _____</td> <td style="width:40%;">Relationship _____</td> </tr> <tr> <td>Name _____</td> <td>Phone# _____</td> <td>Relationship _____</td> </tr> </table>	Name _____	Phone # _____	Relationship _____	Name _____	Phone# _____	Relationship _____
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<b>League Use Only</b>	Registration Date: _____
Number of Children Swimming: _____	Age Group: _____
Sponsorship	
Name _____	Amount: _____
Discount off of Total Registration cost \$ _____	Total Registration Paid _____
Payment: Cash or Check _____	Check # _____
Extra Items ordered at Registration:	
<b>Extra Shirts</b> Circle Size: YS YM YL AS AM AL AXL AXXL _____	\$10 Each
<b>Swim Cap</b> _____	\$5.00 Each
<b>Swim Bag</b> _____	\$7.00 Each
<b>Team Towels</b> _____	\$10.00 E
<b>Total items Ordered</b> _____	<b>Amount Paid</b> _____