

2010 WILLIAMSBURG COLONY SWIM TEAM REGISTRATION FORM

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

<p>Refund and Return Check Policy</p> <p>There will be no refunds. There will be a \$45.00 charge for all returned checks. <u>NO EXCEPTIONS!</u></p> <p>Your signature hereby acknowledges your agreement with the above statements:</p> <p>_____</p> <p style="text-align: center;">Signature</p>
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<p>Waiver & Medical Treatment Authorization</p> <p>I/We, the parents/guardians of the above named candidate for a position on the <i>Williamsburg Colony Swim Team</i>, hereby give my/our approval to participate in any and all League activities. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the League, the organizers, sponsors, supervisors, participants, and person transporting my/our child to and from activities, for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We understand that the insurance provided by the WHALe League is strictly a secondary Medical Policy.</p> <p>I/We do hereby authorize any person in a responsible position within the WCST team, in the event of an emergency, to authorize emergency medical treatment for my child named herein. I/We agree to hold harmless such person(s) and such emergency care centers (hospitals, doctors, nurses providing such medical/emergency care) for such act and to assume financial responsibility for said treatment.</p> <p>List any allergies or restrictions: _____</p> <p>Health Insurance Company and Policy # _____</p> <p>Emergency Contacts:</p> <p>Name _____ Phone # _____ Relationship _____</p> <p>Name _____ Phone# _____ Relationship _____</p>

Team Use Only	Registration Date: _____
Number of Children swimming: _____	
Sponsorship Name	Amount
Discount off of Total Registration cost \$ _____	Total Registration Paid _____
Extra Items Ordered at Registration	
Swim Cap _____ \$5.00 Each	Swim Bag _____ \$7.00
Team Towels _____ \$10.00	
Extra Shirts Circle Size: YS YM YL AS AM AL AXL AXXL _____ \$10.00 Each QTY _____	
Payment: Cash or Check # _____	

