

Oxford Valley Pool Swim Team Registration Form 2010

Name _____ Age _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

E-Mail Address _____

Home Tel. _____ Gender M / F _____

Child's previous swimming experience:

Swim Lessons (level completed) _____

Swim Team _____

Other _____

The price to swim on the team is \$75.00 for the first child and \$60.00 for each additional child of the same immediate family. The price for the swim team includes all practices and league meets.

Emergency contact in the event parent/legal guardian is unavailable:

Name _____ Relationship _____

Tel. Day _____ Cell _____ Eve _____

Parents' assistance with the swim team is *critical* to its fun and success, and parents will be called upon to help. Please note any special skills you may have, e.g., previous judging experience.

Since I, my son/daughter are participating in this event voluntarily and at my, son/daughter's risk, I agree not to sue or hold liable the County of Bucks, the Dept. of Parks and Recreation, or any of its representatives, and/or individuals for injury or damages to me, my son/daughter resulting from participation in this program. The Bucks County Department of Parks and Recreation and its representatives have my permission to arrange transportation to a licensed physician or medical facility. I grant my permission for a licensed physician to provide any medical care or treatment this physician deems necessary to myself/ son/daughter.

Signature _____ Date _____
of Parent or Legal Guardian

Print Name _____ Relationship _____

Tel. Day _____ Cell _____ Eve _____

Amount enclosed; _____ **Cash** ___ **Check** ___ **Check #** _____ **Date** _____

Credit Card (V or MC) # _____ **Staff Initial** _____