

# WOODLAND SPRINGS RESIDENTS SWIM TEAM SIGN-UP - 2010

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

\*\*Age as of June 1<sup>st</sup>: \_\_\_\_\_

\*\*Age as of June 1<sup>st</sup>: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Birth date: \_\_\_\_\_

\*\*Age as of June 1<sup>st</sup>: \_\_\_\_\_

\*\*Age as of June 1<sup>st</sup>: \_\_\_\_\_

\*\*Please note that children aged 6 and under must be able to swim ½-length of the pool unassisted. Children in all other age groups must be able to complete a full length of the pool without stopping.

No. of children \_\_\_\_\_ x \$55.00 per child = \_\_\_\_\_ (amount due)  
Maximum Amount is \$160.00 per family

Parents' Names: \_\_\_\_\_

Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\*\*Email (very important!!): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

Physical/personal info that coaches should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

We, the parents of \_\_\_\_\_ do hereby give our approval to our child(ren) to participate in swimming and other activities of Woodland Springs Swim Team during the summer 2010. We assume all risks and hazards incidental to our child(ren)'s participation in the sport or other activity, including transportation to and from meets, practices, or other events. We agree to indemnify and save harmless the Woodland Springs Swim Team and the Woodland Springs Neighborhood Association, the Metro Recreation Swim Conference, the clubs therein, the coaches and swim moms/dads in said conference, and any other participating or sponsoring organization and all employees, officials, representatives, and agents of such organizations or persons from all claims, lawsuits, or action of any kind for any and all casualties, damages or losses incurred by us resulting to our child(ren) by reason of participation in any activity sponsored by the Woodland Springs Swim Team or the Metro Recreation Swim Conference. We further agree that no action will be brought by us on behalf or on the behalf of our child for any loss or damages sustained by us or by our child by reason of participation in any activity sponsored by the Woodland Springs Swim Team or the Metro Recreation Swim Conference.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Enclosed (made Payable to Woodland Springs Swim Team): \_\_\_\_\_

**FOR GUARANTEED ROSTER SPOT, PLEASE ATTEND ONE REGISTRATION SESSION April 25<sup>th</sup> from 3 – 5pm or April 29<sup>th</sup> from 6:30 to 8:00pm.** If you have any questions please call Becky Helgeland 317-385-2151, Mitzi Spangler 317-843-8486, or Kristin Holforty 317-508-2213.