



Town of Gordonsville

2017 ORCAS Swim Team Registration Form

Registration Fee: \$80 – before March 31st; \$100 – after March 31st

Return forms to: Town of Gordonsville
 112 S. Main Street/ P.O. Box 276
 Gordonsville VA 22942

Telephone: 832-2233
Fax: 832-2449
Web: www.townofgordonsville.org

Physical Address: _____
Street City/Town State/Zip

Mailing Address (if different): _____
Street/P.O. Box # City/Town State/Zip

Emergency Contact: _____ **Phone:** _____

Parent(s) are willing to help: Timer Table Worker Stroke & Turn Sweep Judge Meet Director Other

Adult volunteerism is MANDATORY for swim meets (held on Wednesday evenings and one on Tuesday evening). Each family is asked to provide at least one adult helper at each swim meet in which your child is participating.

PARENT/GUARDIAN #1 INFORMATION	PARENT/ GUARDIAN #2 INFORMATION
Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone :	Cell Phone:
Email Address (please print clearly):	Email Address (please print clearly):

To participate on the team, children must be 5 years old on or before June 1st and be able to swim the length of the Dix Memorial Pool.

Child #1 INFORMATION	Child #2 INFORMATION
Name:	Name:
Male <input type="checkbox"/> Female <input type="checkbox"/> Age (as of 6/1/16): _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Age (as of 6/1/16): _____
Have you been on a swim team before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been on a swim team before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Shirt Size: YS YM YL AS AM AL AXL A2XL <small>(please circle one)</small>	Shirt Size: YS YM YL AS AM AL AXL A2XL <small>(please circle one)</small>

Child #3 INFORMATION	Child #4 INFORMATION
Name:	Name:
Male <input type="checkbox"/> Female <input type="checkbox"/> Age (as of 6/1/16): _____	Male <input type="checkbox"/> Female <input type="checkbox"/> Age (as of 6/1/16): _____
Have you been on a swim team before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you been on a swim team before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Shirt Size: YS YM YL AS AM AL AXL A2XL <small>(please circle one)</small>	Shirt Size: YS YM YL AS AM AL AXL A2XL <small>(please circle one)</small>

Please make checks payable to: Town of Gordonsville

Refund Policy: All requests for refunds must be submitted in writing. Once approved refunds may take up to 6 weeks to generate from the Treasurer's Department. Requests for refunds after June 1st will result in a 50% credit only if approved.

OFFICE USE ONLY

Paid _____ check# _____ cash _____ Seen proof of age of child1 _____ child 2 _____ child 3 _____ child 4 _____

Treasurer's Office Employee: _____ Date: _____

2017 Liability Release

I understand the nature and scope of the activity listed above. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the Town of Gordonsville, its employees or instructors to guarantee the safety of participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of himself/herself and the other participants.

In consideration of my/the participant being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the Town of Gordonsville, its employees, agents, successors and instructors from any and all claims, demands, costs, charges, attorney fees, expenses, etc., for harm, injury, damage, death, or loss which may be sustained by me, my child/ward, and my guests as a result of or relating to or arising from participation in this activity.

Photo Permission by Parent, Legal Guardian or Legal Custodian: I give the Town of Gordonsville, its officials and employees, permission to photograph or videotape the above-named participant, who is a juvenile, during his or her participation in the aquatics program. I understand and agree that the participant's picture and any materials he or she has produced during the program may be placed on the Town's website or within other materials publicizing the Town's aquatics program.

I have read, and I understand the above Liability Release and Photo Permission. In witness whereof, I have executed this Liability Release and Photo Permission as my own free act on the _____ day of _____, 20____.

Participant Parent, Legal Guardian or Legal Custodian

2017 MEDICAL RELEASE FORM

PARENTS' NAME(S): _____ HOME PH. _____
ADDRESS: _____ CITY/ZIP: _____
WORK PHONE-FATHER/GUARDIAN: _____ MOTHER/GUARDIAN: _____
CELL PHONE – FATHER/GUARDIAN: _____ MOTHER/GUARDIAN: _____
HEALTH INSURANCE CO. _____ GROUP # _____

EXISTING MEDICAL CONDITIONS (SUCH AS ALLERGIES, MEDICATION ALLERGIES, OR OTHER SPECIAL PROBLEMS THAT SHOULD BE KNOWN)

	FULL NAME	BIRTHDAY	MEDICAL CONDITION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

** If a swimmer has special requirements or is on regular medication, please list swimmer's name and medication on the back of this page. Also, list any special instructions in case of illness or injury.*

FAMILY DOCTOR: _____ PHONE: _____
ADDRESS: _____

If you are unable to contact the doctor, please accept this letter as your authority to use the Doctor on call in the Emergency Room for any necessary emergency medical treatment of my child/children.

I, _____, the parent or legal guardian of the above listed child/children, give my permission and approval for participation of above named child/children, in any and all activities sponsored by the Gordonsville Swim Team and I assume all risk and hazard incident to such participation, including transportation to and from such activities. I waive, release, indemnify and agree to hold harmless the Town of Gordonsville, the Gordonsville Swim Team, Coach, and Assistant Coaches, officials, participants and parents from any claim arising out of injury to my child/children while participation in any and all activities, including, but not limited to transportation to and from all practice swim sessions and competitive swim meets, sponsored by the Gordonsville Swim Team.

I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit my child/children from participating in practice swim sessions and competing with other children. I agree to advise and make known to the Gordonsville Swim Team and Coach any change in the physical health or any other condition that would limit or prohibit my child/children from participating in practice swim sessions and competitive swim meets.

PARENT'S SIGNATURE: _____ DATE: _____

JEFFERSON SWIM LEAGUE SWIMMER REGISTRATION

(Please print NEATLY with a ball-point pen and press hard)

Learn more about the JSL at our Web Page www.jsl.org

Enter Swimmer's Name(s) and **COMPLETE** information below:

TEAM ABBREVIATION _____

LAST NAME	FIRST NAME	MI	PREFERRED NAME	BIRTH DATE mm/dd/yyyy	SEX	AGE on 6-1

SWIMMER'S MAIL and CONTACT INFORMATION:

ADDRESS _____	HOME PHONE _____
CITY & ZIP _____	E-MAIL _____

FATHER'S full name _____
PREFERRED NAME _____
HOME PHONE _____
CELL PHONE _____
E-MAIL _____
FAX NUMBER _____

MOTHER'S full name _____
PREFERRED NAME _____
HOME PHONE _____
CELL PHONE _____
E-MAIL _____
FAX NUMBER _____

Team Name _____ Club Member Number _____ Team Fee \$ _____ Paid _____

Approximately 30 parents are needed from each team to help at every swim meet !!
WE NEED YOUR HELP!! Place an "M" for mother and/or "F" for father beside position wanted:

*MEET DIRECTOR _____ *STROKE & TURN _____ *STARTER _____ CLERK-OF-COURSE _____ TABLE _____
 REFRESHMENTS _____ SWEEP JUDGE _____ TIMER _____ RUNNER _____ FALSE START ROPE _____
 *COMPUTER OPERATOR _____ *REFEREE _____ NO EXPERIENCE, BUT WANT TO HELP _____
 (*Requires Class) **Learn more about these positions on our Web Page www.jsl.org**

Does any swimmer have special health conditions, allergies, or handicaps? _____
 _____ (May attach additional sheet(s) if needed.)

Swimmer's Physician _____ Phone (____) _____

Emergency contact other than parent _____ Phone (____) _____

Is swimmer covered under a health insurance policy? NO YES (circle)

Name of Insurance Company _____ Policy I.D. # _____

During the swim season photographs and videos which embody the spirit and competition of the Jefferson Swim League are occasionally taken of swimmers and other participants. Your signature below authorizes the JSL to print, publish and display pictures or videos of you, other members of your family, and the swimmers registered above in various JSL publications, on the web site www.jsl.org, and in the public media.

The invalidity, illegality or enforceability in any jurisdiction of any provision in or obligation under this agreement shall not affect or impair the validity, legality or enforceability of any of the remaining provisions or obligations herein. This agreement shall be governed by and shall be constituted and enforced in accordance with the laws of the Commonwealth of Virginia and any court or judicial action shall be required to be heard in the Circuit Court for the County of Albemarle, without regard to conflict of laws principles.

Each of the undersigned fully understands the known risks of injury or death involved in participating in any sport, including swimming, and knows that all risks may not be fully known or disclosed. Each hereby assumes the risk of any known or unknown injury, loss, claim, cost or other risk of loss both personally and those that may arise involving their child, both known and unknown. Each hereby agrees to indemnify and hold harmless JSL, its officers, directors, employees and agents from any and all losses, costs, judgments, settlements or other losses, including attorney fees, resulting from any injury or claim made involving my child or by anyone acting in any judicial or legal capacity on behalf of my child.

(All adults with any custodial rights must sign)

Parent Signature(s) _____ Date ____/____/____
 mo day yr

(White original stays with team, copy goes to JSL with fee)

[Registration, Revised 2010]