

FOX MILL WOODS SWIM TEAM
2002 Registration

Please complete both sides of this form, and write **two** checks payable to FMWSTC for the following fees:

Swim Team Fees:

First swimmer \$75, second swimmer \$65, third swimmer \$60, fourth \$50

Volunteer Fee (Per Family):

\$75.00 – refundable upon completion of six(6) volunteer commitments.

(If you have any questions call Kathy Montgomery, Team Rep. at (703)716-0994)

Family Contact Information:

Mom's name: _____

Mom's work phone: _____ Mom's cell phone: _____

Dad's name: _____

Dad's work phone: _____ Dad's cell phone: _____

Home address: _____

Home phone: _____ Home email: _____

Swimmer Information:

	<u>Name</u>	<u>B-Day</u>	<u>Sex</u>	<u>T-Shirt Size</u> <u>S,M,L,XL,XXL</u>
1.				
2.				
3.				
4.				

Daytime Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Don't forget to complete Medical Release Information on back!

FOX MILL WOODS SWIM TEAM
Medical Release Form

I hereby waive and release any and all claims that I may have against any Coach of Fox Mill Woods Swim and Tennis Club, Inc., and any Team Representative of Fox Mill Woods Swim and Tennis Club, Inc., or any member of the Board of Directors of Fox Mill Woods Swim and Tennis Club, Inc., acting on behalf of my child with regards to any accident, injury, or sickness that may occur while my child is under the direction and control of the Fox Mill Woods Swim Team.

Swimmer

Allergies

Medications

1.

2.

3.

Insurance Carrier: _____

Policy Number: _____

Until such time as I can be reached, and am present at the accident site, the following are designated to act on my behalf:

Team Representatives

Coaches

Any NVSL Official where my child is swimming.

Physician: _____

Address: _____

Phone: _____

Emergency Contacts: *(Enter here if different from the first page)*

Name: _____

Phone: _____

Name: _____

Phone: _____

Signature (Parent/Guardian) _____