

# Woodlea Watermocs

1430 Hague Drive • Leesburg, VA • 20175

## 2008 Old Dominion Swim League Team Registration

(USE ONE FORM PER FAMILY)

**Child's Last Name:** \_\_\_\_\_

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

	Child's Name	Date of Birth	Age as of 6/15/08	*USS Swimmer?	T-Shirt Size	Registration Fee (add \$5 per paying child after 5/31/08)	Total
1						\$80	
2						\$70	
3						\$55	
4						\$0	
5						\$0	
<b>TOTAL</b>							

\*USS swimmer is defined as "Any swimmer who has paid dues and/or trained on a USS swim team during the 2007-08 school year." A swimmer who has taken only swim classes or lessons is not considered a USS/year round swimmer.

**VOLUNTEER:** Please note that each family **MUST** sign up for **4 different** volunteer positions. See Parent Handbook for position definitions.

You must complete this section before you can finish registration!!!

Position #1: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position #2: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position #3: \_\_\_\_\_ Date: \_\_\_\_\_  
 Position #4: \_\_\_\_\_ Date: \_\_\_\_\_

**2008 Swim Meet Schedule**

Sat., June 21 - @ Kincaid Forest  
 Wed., June 25 - @ Belmont CC  
 Sat., June 28 - Lenah Run  
 Wed., July 9 - Potomac Station  
 Sat., July 12 - Red Rocks  
 Wed., July 16 - @ South Riding

**End of Season Meets**  
 Sat., July 19 and Sat., July 26

Note: If for any reason your child withdraws from the swim team on or prior to **June 15**, you will receive a full refund less a \$25 processing fee.

**Make Checks Payable to: Woodlea Watermocs**

Questions: Contact Michele Malloy - 571-918-0275

**For Registrar Use Only** -----

Registration Fees and Spirit Wear Paid	Check #	cash
Late Fees (\$5 per paying child) after 5/31/08		
Volunteer Positions		

**Family Name** \_\_\_\_\_

**Parents' First & Last Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact Information**

**Contact Name (not parent):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<b>Child</b>	<b>Medications</b>	<b>Allergies</b>

**Insurance Company** \_\_\_\_\_ **ID or Policy No.** \_\_\_\_\_

**Liability Waiver must be signed:**

As the parent/legal guardian of \_\_\_\_\_, I hereby grant permission for listed minor(s) to participate in all activities of this program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Woodlea Swim Team Board Members, Host pools, volunteers, and other participants. I further grant permission for emergency first aid to be given to listed minor(s) in case of injury. Furthermore, if deemed necessary, I grant permission for listed minor(s) to be taken to the Emergency Room of a nearby hospital and the medical staff has my authorization to provide treatment, which a physician deems necessary for the well being of listed minor(s).

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**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for my child/children to be photographed during swim activities and that these images may be used on the Woodlea website or in other print media to publicize the swim team.

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**Parent/Legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



### Parental Waiver and Consent

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a league member in the Old Dominion Swim League.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in swimming and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named below, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in swimming and the activities other cause, incidental thereto, whether the result of negligence or any other cause.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

Please list any physical Limitations (allergies, hearing, sight, etc.)

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Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Old Dominion Swim League, Inc.