

**LIGHTNING SWIM TEAM AT THE COURTS & RIDGES OF ASHBURN
2011** **LATE REGISTRATION FORM**

(Complete 1 Registration Form per family.)

Last Name _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL PHONE:** _____

E-MAIL ADDRESS: _____

◆◆◆◆◆◆◆◆◆◆ **SWIMMER INFORMATION (if different)** ◆◆◆◆◆◆◆◆◆◆

Swimmer Last Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

◆◆◆◆◆◆◆◆◆◆ **PAYMENT OF REGISTRATION FEES** ◆◆◆◆◆◆◆◆◆◆

| DOB | Sex M/F | First Name | Swim Experience | | T-Shirt Size YS/YM/YL S/M/L/XL | Resident | | Paid Pool Member | | Non- Resident | |
|--|------------|------------|---------------------|------------|---|--------------------------|-------|--------------------------|-------|--------------------------|-------|
| | | | None Summer-Only | Year-Round | | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ | <input type="checkbox"/> | \$ |
| | | | | | | <input type="checkbox"/> | \$110 | <input type="checkbox"/> | \$110 | <input type="checkbox"/> | \$150 |
| | | | | | | <input type="checkbox"/> | 100 | <input type="checkbox"/> | 100 | <input type="checkbox"/> | 145 |
| | | | | | | <input type="checkbox"/> | 100 | <input type="checkbox"/> | 100 | <input type="checkbox"/> | 145 |
| | | | | | | <input type="checkbox"/> | 100 | <input type="checkbox"/> | 100 | <input type="checkbox"/> | 145 |
| SUBTOTAL | | | | | | | | | | | |
| LATE FEE (PER FAMILY) | | | | | | | \$50 | | \$50 | | \$50 |
| NONRESIDENT USER FEE (PER FAMILY) | | | | | | | | | | | \$25 |
| TOTAL ENCLOSED | | | | | | | | | | | |

Lightning Meet Promissory

Swimmer attendance at all meets is very important for the improvement of the swimmer and the success of the swim team. By signing below, I agree that my swimmer will attend and participate in at least 4 meets during the 2011 Lightning Swim season.

Signature _____

MAKE CHECKS PAYABLE TO COURTS & RIDGES HOMEOWNER'S ASSOCIATION (MEMO: SWIM TEAM REGISTRATION)

MAIL TO:

LIGHTNING SWIM TEAM
C/O CINDY COGGINS
43859 MERRYOAK WAY
ASHBURN, VA 20147

(Questions? – Call Cindy @ 703-858-4767)

Refunds: After the first full week of practice for the swimmer's age group no refunds will be given

LIGHTNING SWIM TEAM AT THE COURTS & RIDGES OF ASHBURN

Lightning Waiver—2011 Season (Attach a completed Waiver for each swimmer.)

Last Name _____

Swimmer First Name

Swimmer Last Name

| |
|---|
| Emergency contact and telephone number (other than parent/guardian): |
| Name: _____ Phone: _____ |



| | | | |
|---|--|------------------|--|
| Physician Name | | Phone Number | |
| Insurance Company | | ID or Policy No. | |
| <i>List any medications swimmer is taking regularly or any allergies:</i> | | | |
| Medications: | | Allergies | |
| | | | |
| | | | |
| | | | |

Waiver of Liability and Release for Emergency Medical Care (Must be signed)

As the parent/legal guardian of the above named swimmer, I hereby grant permission for this minor 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 The Courts and Ridges of Ashburn, coaches, host pools, volunteers and other participants. I further grant permission for emergency first aid to be given to this minor in case of injury. Furthermore, if deemed necessary, I grant permission for this minor to be taken to the emergency room of a nearby hospital, and the hospital and its medical staff have my authorization to provide treatment, as physician(s) deems necessary for the well being of this minor.

Parent/Guardian Signature

Date

Photo Release (Must be signed)

I give permission for the swimmer identified above to be photographed in swim activities. I understand that these photographs may be used for informational purposes by the Lightning Swim Team and that they may also be used to provide information about the Lightning Swim Team program and activities to the public through publications and displays, in newspapers and other print media, and in connection with Lightning information provided on the internet (<http://www.courtsandridges.org/Lightning/>).

Parent/Guardian Signature

Date

LIGHTNING SWIM TEAM AT THE COURTS & RIDGES OF ASHBURN

Parent Volunteers—2011 Season

(Attach a completed form for each family.)

Meet Volunteer Requirements: It takes many people to run a successful and efficient swim meet. In addition to being on one of the above committee's, each family must volunteer for at least **4 swim meets as well as participate in setting before or cleaning after one home meet.** Before each meet, the Volunteer Coordinator will call for volunteers and post the assignments to the team web site. PLEASE make sure to check your email often during this time.

Lightning Meet Volunteer Promissory

I, _____, understand that **failure to fulfill meet volunteer requirements may jeopardize future team participation.**

Signature _____

Meet Officials

There are three positions that require specialized training or experience. These are Referee, Starter, and Stroke and Turn Judges. If you have previous experience in any of these positions or are willing to be certified, please indicate below.

Name: _____

Circle all that apply:

Referee

Starter

Stroke and Turn Judge

LIGHTNING SWIM TEAM AT THE COURTS & RIDGES OF ASHBURN

(Complete 1 ODSL Waiver per family.)



ODSL Parental Waiver and Consent 2011 Season

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 _____

Name of Child _____ Date of Birth _____

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.)

Parent's Signature _____ Date _____

Old Dominion Swim League, Inc.
42820 Forest Spring Drive, Leesburg, VA 20176
www.swimodsl.com