

FCE FLIPPER SWIM TEAM 2017 REGISTRATION

Family last name: _____

Parents' names: _____

Address: _____

Home phone: _____

Father's cell/work phone: _____

Mother's cell/work phone: _____

Swimmer(s) cell phone (optional): _____

Parent(s) e-mail address: _____

Swimmer(s) e-mail address (optional): _____

SWIMMERS

Name	Date of Birth	Age on June 1	Sex	Allergies	Regular Medications
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Emergency contact (not a parent) name and phone: _____

The Flippers are part of the Northern Virginia Swimming League (NVSL), founded in 1956, to develop in the children affected by this program: "A love for the sport, advanced aquatic skills, teamwork, and the principles of good sportsmanship." The Flippers are committed to upholding the purpose of the NVSL by ensuring that these principles are evident in all team members during practices, team social events, and during meets.

I acknowledge that swimmers will be expected to demonstrate respect for their teammates, their coaches, meet officials and spectators at **all** times. Failure to do so will result in the removal of their eligibility to participate at the discretion of the coach and/or team representative.

I acknowledge that the swim team and the NVSL is run strictly by parent volunteers, and I agree to volunteer and assist the team as needed when called upon for meets and team functions.

Parent's signature: _____

Swimmer' signature: _____

Registration Fees:

\$110 one swimmer _____

\$185 two swimmers _____

\$220 3+ swimmers _____

\$65 mini Flipper _____

Total Paid _____

Checks payable to **FCE Swim Team**

Questions: **fceflippers@gmail.com**