

FCE FLIPPER SWIM TEAM 2019 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: _____

NOTE: The NVSL requires a signed waiver, attached, for all swimmers in order to participate on the FCE swim team

Return all forms to Team Rep Elizabeth Simon, 10719 Rippon Lodge Dr., Fairfax, VA 22032 (mail or drop off).

Contact fceflippers@gmail.com for details.

Registration Fees:

\$120 one swimmer _____

\$200 two swimmers _____

\$240 3+ swimmers _____

\$70 mini Flipper _____

Total Paid _____

Checks payable to **FCE Swim Team**

NVSL Participation Waiver

The following waiver MUST be signed by all athletes' guardian(s) in order to participate in any swim practice or meet covered by NVSL insurance. Any or all waivers shall be available to be forwarded to the NVSL Board if requested.

NO WAIVER = NO PARTICIPATION = NO EXCEPTIONS

Swimmer(s): _____

As Parent/Guardian of the above-name minor(s), I grant permission for the swimmer(s) to participate in all activities of the **Fairfax Club Estates swim team**, a Northern Virginia Swimming League (NVSL) member team. I represent and warrant that my minor child/children participating on the **Fairfax Club Estates swim team** are in good health and have no physical condition, ailment or disability which renders them unable to participate in vigorous physical activity. For and in consideration of benefits derived from participation in the **Fairfax Club Estates swim team** program, I understand that the risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I assume all risks and hazards arising out of, or related to, such participation, including, but not limited to, transportation to and from such activities, and do hereby indemnify, release and hold harmless the **Fairfax Club Estates swim team**, its coaches, team representatives, volunteers, property manager, employees and agents, as well as the Northern Virginia Swimming League, from all claims of any kind whatsoever which may arise or hereafter accrue in connection with my child's/children's participation in activities of the **Fairfax Club Estates swim team**. I further grant permission for first aid to be given to my child/children in an emergency, and will be solely responsible for any medical costs which may arise. I AGREE THAT THEY WILL ABIDE BY THE NORTHERN VIRGINIA SWIMMING LEAGUE CODE OF CONDUCT.

Parent's Signature

Date

Parent's Signature

Date