

# GREEN VALLEY DOLPHINS 2010 REGISTRATION

<b>FOR OFFICE USE ONLY</b>	
Age	_____ M _____ F _____
<b>Birth Cert.</b>	<b>G.V. Verified</b>
Y _____ N _____	Y _____ N _____
<b>Volunteer Requirements</b>	
<b>Reviewed</b>	Y _____ N _____

Swimmer Name \_\_\_\_\_  
LAST FIRST

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_ Age as of June 1, 2010 \_\_\_\_\_

Sex M or F Green Valley Resident Y or N

Father \_\_\_\_\_  
Name Home Phone Work Phone

Mother \_\_\_\_\_  
Name Home Phone Work Phone

I understand that the Green Valley Dolphins is a parent participation program which REQUIRES active support from all participants to staff and run the meets with timers, lane writers, set up and break down crews, snack bar workers, lane line up workers and other volunteer positions. We agree to provide a volunteer from this household for the requested number of duties to provide support for all Swim Team activities and meets. I must find a replacement for my job duty if I am unable to fulfill my obligation. **If I am unable to meet my commitments, I understand that I will be asked to pay job buyout fees of \$50 per job to continue to have my child participate on the team.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

The Green Valley Homeowners Recreation Association has no obligation to offer recreation programs (i.e., Swim Team) or to allow you to participate in these programs. There is a real possibility that you could be injured while participating in these programs. If you sign this form, you are asking permission to participate in these programs with the knowledge that you or your child could be injured. If you sign this form, you are giving up any claim against or right to sue GVHRA, their directors, employees or volunteers for injury to you or your child, even if the injury was caused in whole or in part by the negligence of GVHRA or their employees, agents or representatives.

I am aware that participation in this program is potentially dangerous and I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risk of injury. I have carefully read this form and fully understand its contents. I am aware that my signature is my agreement to this release of liability for myself and my minor children.

Has your child competed with another team in the last year? Yes\_\_ No\_\_ If yes, team name \_\_\_\_\_

Young and/or new swimmers will be tested for water safety. Registration fees will be fully refunded if the swimmer is not water safe. GVST is a swim team, not swim lessons.

**I UNDERSTAND THAT MY CHILD'S NAME AND PHONE NUMBER WILL BE ON THE TEAM ROSTER AND THAT I MAY USE THAT ROSTER FOR TEAM BUSINESS ONLY.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**