

**LVC COMPETITIVE SWIM INSTRUCTION AND LEBANON VALLEY OTTERS SWIM TEAM
2009/2010 WINTER REGISTRATION FORM**

Swimmer's Name	Date of Birth	Gender	Competitive Team (Y/N)	Year Began Swimming	School	Grade	Medical Condition(s)	Physician's Name and Phone

Swimmer's Parents/Guardians: _____ Home Phone: _____

Address: _____
(street address) (city) (state) (zip)

Father's Work Phone: _____ Father's Cell Phone: _____ Email Address: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____
(other than father and mother)

Parents can help with: Set-up/Clean-up Concessions Line-up Timing Stroke & Turn Ribbons Otter Apparel End-of-Season Banquet

Parent/Guardian Authorization:

I hereby approve of my child's attendance at the Arnold Sports Center for the Competitive Swim Instruction classes and certify that each child listed above is in good health and able to participate in the program. I authorize that the Director act for me according to his/her best judgment in any emergency requiring medical attention. I understand, should any emergencies occur, I will be contacted during the physical exam. If I am not available, I authorize you to contact my child's physician. I recognize that insurance coverage on injuries received during instruction is the responsibility of the parent or guardian's insurance policy. I have read and understand these statements. I am the parent or legal guardian of all children listed above.

Parent/Guardian Signature: _____

LVC Fee (payable to LVC): \$ _____ Check #: _____
Highly comp. 220, Comp. 170, Beg. Comp 115, Intro 110

Competitive Team Fee (payable to LVST): \$ _____ Check #: _____
(\$30/1st swimmer/ \$25 per swimmer after)