

**Woodbridge Village Association Swim Team (W.V.A.S.T.)
Registration/Emergency Contact Form
2010 Registration Form**

Session: Winter Spring Summer Fall
(Registration Fee: \$225.00, \$20.00 Sibling Discount)

Swimmer's Name(s)	Male or Female	Age	Date of Birth (Mo./Day/Year)	Swim Level (Learn-To-Swim, Advanced Learn-To-Swim, Swim Team)	Session Time Preference

Parent(s) Name: _____ Phone: _____
 Wk/Cell: _____ Street Address: _____
 City: _____ Zip: _____ Emergency Phone: _____

***E-MAIL ADDRESS (Please print clearly):** _____
*** E-Mail Required - All communications and schedule changes will be sent via e-mail**

RELEASE FROM LIABILITY: My child is currently in good physical condition and can participate in all swim team activities, unless prior written notification is delivered to the coach/board of directors. Should any illness or accident occur to my child during swim team activities (including travel), I hereby, and in advance, waive, release, and discharge any and all rights and claims for damages which child or parent may have against Woodbridge Village Association Swim Team, or agent or representatives thereof. I authorize any emergency treatment and agree to be responsible financially for charges thereof.
INSURANCE: All swimmers must be covered by their own personal family insurance policy. Additional coverage through the United States Swimming (USS) Swim League is available for a separate registration fee (see USS representative).
SAFETY PROVISIONS: Parents of swimmers in Learn-to-Swim (also Advanced LTS) are required to remain on the pool deck during their swim session. WVAST (coaches/staff, board members, etc.) is not responsible for supervision before or after scheduled swim practices. Please arrive on time to begin practice and plan to be on deck 5 to 10 minutes before the end of practice.

REFUND POLICY: If for any reason a participant needs to drop out of the swim team session, a written request must be received within 7 days of the session start date in order to receive a refund of 50% of the registration fees paid, or a nonrefundable credit valid for one year from the date issued. No refunds will be issued if you cancel following 7 days from the session start date of if you fail to participate in the session. I have read and I understand the terms described above. I authorize my child to participate in the Woodbridge Swim Team.

Children under age 15 are not permitted in the Jacuzzi without parental supervision.
Learn-To-Swim Program Requirements – Children must be minimum of three (3) years of age, unless tested and approved by coach in advance of registration.

Registration Fee: Fee is \$225.00, \$20.00 sibling discount, payable to: WVAST
Additional information is available at <http://woodbridgeswimteam.org>

PARENT SIGNATURE: _____ Date: _____
 My signature indicates I have read, understand and agree to all information provided herein.

W.V.A.S.T. Official Use Only

- Summer
- Fall
- Winter
- Spring

Total Amount Paid: _____
 Check Number: _____