

Family Registration and Checkout Form Wells Branch Armada 2010

Swimmers Registered

Registration Fee: \$95 for first child, \$85 for additional children in the same immediate family registered by 4/11.

Late Fee: \$25 per child for registrations after 4/11 deadline.

Well Branch Pool Pass: \$5 discount per swimmer with valid pool pass – MUST show proof of current pass.

| Swimmers (Last Name, First Name) | Age on May 1 st | Registration Fee | | \$5 Discount for WB Pool Pass | Total Registration Fee |
|-------------------------------------|--|------------------|------------|-------------------------------------|------------------------------|
| | | By 4/11 | After 4/11 | | |
| 1. | | \$95 | \$120 | | |
| 2. | | \$85 | \$110 | | |
| 3. | | \$85 | \$110 | | |
| 4. | | \$85 | \$110 | | |
| Sub Total of Registration Fees | | | | | \$ |
| Team Fundraiser: | <input type="checkbox"/> Family will participate in fundraiser swim-a-thon, or Family will contribute \$50 <input type="checkbox"/> now <input type="checkbox"/> at fundraiser | | | | |
| Other: | Amount from T-Shirt & Extras Order Form | | | | |
| | | | | | |
| Total Due | | | | | \$ |

Parent Agreement

I, _____, the parent or legal guardian of the above listed child(ren), do hereby give my permission and approval for participation of the above named child(ren) in any and all activities sponsored by the Wells Branch Armada Swim Team. I assume all risk and hazard incident to such participation, including transportation to and from activities. Accordingly I waive, release, indemnify and agree to hold harmless Wells Branch Armada Swim Team, all Coaches, Club Officers, Officials, Participants and Parents from any claim arising out an injury to my child(ren) while participating in any and all activities, including, but not limited to transportation to and from practice, swim sessions, competitive swim meets, sponsored by the Wells Branch Armada Swim Team and the Northwest Swim Circuit. Furthermore, I know of no impairment or deficiency, physical health or otherwise, that would limit or prohibit my child(ren) from participating in practice swim and competing with other children. I agree to advise and make known to Wells Branch Armada Swim Team Board and Head Coach any change in the physical health or any other conditions that would limit or prohibit my child(ren) from participating in practice sessions and competing in sponsored activities.

Signature: _____ Date: _____

Electronic Communications

Most of the team communications are via e-mail and information posted to the website. Please indicate here if you do NOT have access to those channels. No email access. No Internet/browser access.

For Armada Use Only

Date Rcvd: _____ Rcvd By: _____ Amt: \$ _____ Cash Chk # _____

- Family has signed up for volunteer position
- Family received team handbook
- Swimmer Info Form (1 per swimmer) – with medical release and AAU statement signed
- Order Form for Armada T-Shirts & Extras
- Code of Conduct, signed by each parent/swimmer
- Parent Acknowledgment, signed

Notes: _____
