

# 2011 Hiddenbrook Swim Team Registration Form



**SWIMMERS:**

Name	Date of Birth (month/day/year)	Age (as of 6/18/11)	Gender	Prior Swim Experience
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PARENT INFORMATION:**

Primary Email address: \_\_\_\_\_

Other Email addresses: \_\_\_\_\_  
 (All addresses listed here will receive team emails. Please note that most of our communication with Swim Team families is by email, so please make sure you check your email often, preferably on a daily basis. )

**Mother's Name (first last):** \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Father's Name (first last):** \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Hiddenbrook Swim & Tennis Club Membership#: \_\_\_\_\_  
 Emergency Contact & Phone # (Other than parents): \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL/DENTAL INFORMATION:**

Doctor's & Dentist's names and telephone #'s for each swimmer listed above:  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any pertinent information that would be necessary if medical/dental treatment is required, including any illnesses, allergies, medications, etc. (Please list course of action to take for extreme allergies, attaching a separate sheet of paper to this form, if necessary.):  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any other information you think that the Swim Team Coach should know about the swimmer(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**VACATION/OTHER ACTIVITIES INFORMATION:**

Please list any known absences for camps, vacation, summer school, etc. during the swim season.  
 Dates of absence: \_\_\_\_\_  
 \_\_\_\_\_

Please cross out the meets that you know your child will miss:  
 Saturday Meets, 8:00 - 11:00 a.m. (June 18, 25; July 2, 9, 16, 23)  
 Monday Meets, 5:00 - 9:00 p.m. (June 27; July 5, 11, 18, 25)  
 Relay Carnival, 4:00 - 8:00 p.m. (July 13), Herndon Olympics 11:00 a.m. - 5:00 p.m. (July 8)

**(COMPLETE REVERSE SIDE)**

**VOLUNTEER AVAILABILITY:**

Volunteer assistance is needed at all meets and behind the scenes to help the Swim Team run smoothly. We ask each family to help in some way at each meet and non-meet activity behind the scenes. Please indicate your availability below:

Saturday Meets, 8:00 - 11:00 a.m. (June 18, 25; July 2, 9, 16, 23) \_\_\_\_\_  
Monday Meets, 5:00 - 9:00 p.m. (June 27; July 5, 11, 18, 25) \_\_\_\_\_  
Relay Carnival - July 13, 4:00 - 8:00 p.m. \_\_\_\_\_  
Deck Officials: Starter, Referee, Stroke & Turn, Chief Timer (all require a clinic) \_\_\_\_\_  
Timer, Ribbon Writer, Marshal, Scorer, Clerk of Course, Announcer, etc. (Training provided) \_\_\_\_\_  
Concessions \_\_\_\_\_ Facilities \_\_\_\_\_ Fundraising \_\_\_\_\_  
Mentor Program (sponsor new family) \_\_\_\_\_ Snack Shack \_\_\_\_\_

Social Events - Pick your top 3 (or more) choices where you would like to help:

- |                                       |                          |                                  |                          |
|---------------------------------------|--------------------------|----------------------------------|--------------------------|
| 13+ Progressive Dinner – July 6       | <input type="checkbox"/> | Team/Individual Photos – June 28 | <input type="checkbox"/> |
| Pep Rallies – June 24, July 1, 15, 22 | <input type="checkbox"/> | Pancake Breakfast – June 28      | <input type="checkbox"/> |
| Splashdown Waterpark – June 29        | <input type="checkbox"/> | Waterspouts Meet/Party – July 21 | <input type="checkbox"/> |
| Team Banquet - July 30                | <input type="checkbox"/> |                                  |                          |

\*\*\*Our social events calendar is subject to change.

**PARENT CONSENT/RELEASE AND WAIVER OF LIABILITY/EMERGENCY MEDICAL & DENTAL TREATMENT AUTHORIZATION:**

As the parent/legal guardian of the swimmer(s) listed on the reverse side (“swimmer(s)”), I grant permission for the swimmer(s) to participate in all Hiddenbrook Hurricanes Swim Team activities. I agree and understand that swimming is a hazardous activity with many inherent risks. I, on behalf of myself and the swimmer(s), assume all risks and hazards incidental to the swimmer’s(s’) participation in the Hiddenbrook Hurricanes Swim Team activities, including but not limited to those risks arising from the transportation to and from such activities, and also do hereby release and waive all claims against the Hiddenbrook Hurricanes Swim Team, Hiddenbrook Swim and Tennis Club, Hiddenbrook Homes Association, Northern Virginia Swim League, and their respective coaches, team representatives, officers, volunteers, employees, agents, and fellow swim team participants, for any liability or injury resulting from the swimmer’s(s’) participation in the Hiddenbrook Hurricanes Swim Team program and activities. I, on behalf of myself and the swimmer(s), also agree to hold harmless and indemnify the entities, clubs, and persons named in this paragraph from all damages incurred arising from any claims related to the swimmer’s(s’) participation in the Hiddenbrook Hurricanes Swim Team activities.

I further grant permission for the swimmer(s) to receive any and all emergency medical and/or dental attention and treatment deemed necessary in the event of an accident, injury, sickness, etc., at the request of the Hiddenbrook Hurricanes Swim Team representative presenting this Emergency Medical & Dental Treatment Authorization, until such time as I may be contacted. I hereby assume responsibility for payment of such medical and/or dental attention and treatment.

I have read carefully and understand the significance of the foregoing and acknowledge on behalf of myself and the swimmer(s), my consent to and agreement with the terms of this Release and Waiver, and Emergency Medical & Dental Treatment Authorization, by signing below:

\_\_\_\_\_  
**PARENT’S PRINTED NAME**

\_\_\_\_\_  
**PARENT’S SIGNATURE**

\_\_\_\_\_  
**DATE**

- \$85 (one child)    \$155 (two children)    \$205 (three children)    \$225 (four or more children)
- I would like to make an additional donation:    \$10    \$20    \$50    \$\_\_\_\_\_

As required by the Northern Virginia Swim League (NVSL) for insurance purposes, this form *must* be completed before your child can participate in the Hiddenbrook Hurricanes Swim Team program. Fees are due with the registration form. Fees: \$85.00 for the first swimmer, \$70.00 for the second swimmer, \$50.00 for the third swimmer, \$225.00 family maximum. Checks should be made payable to Hiddenbrook Swim Team. Registration forms and checks may be mailed to: Hiddenbrook Swim Team, c/o Marcel van Vierssen, 12531 Rock Ridge Rd., Herndon, VA 20170. If possible, **please return by May 22, 2011**. Questions? Contact Marcel van Vierssen, at [hiddenbrookswimteam@gmail.com](mailto:hiddenbrookswimteam@gmail.com). We welcome you and your children to the Swim Team!