Valleybrook Gators
SWIM TEAM REGISTRATION FORM

NAME(incl M.I.) **AGE (As of June 1)** **BIRTHDATE**

_____

_____

_____

_____

PARENTS/GUARDIANS_____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

COST $90.00 –First Swimmer
$55.00- Second Swimmer
$170.00- Family

CHECKS must be made payable to: **Valleybrook Gators Swim Team**
MAIL REGISTRATION and PAYMENT TO: DELLA RUDDY
211 HAYNES CT.
ABINGDON MD 21009

I/We will not hold the Valleybrook Gators Swim Team Board/Coaches and/or Valleybrook Country Club liable for any/all injuries and/or accidents that occur while my child is participating in practices or at meets, either at home or away.
In the event that I or emergency contacts are not available, I give my permission to the coaches or lifeguards to provide first aid and/or CPR for the child listed above and to take the appropriate measures including contacting the Emergency Medical Services(EMS) and arranging transportation to the nearest emergency medical facility. At no time will the coaches or lifeguards drive an injured or ill child to an emergency facility.

Signature_____ Date_____

Family Name-_____ # of children participating-_____

Amount paid. _____ cash check(check #)