FCF BLUE DOLPHINS
SWIM TEAM REGISTRATION FORM

Please complete and return payment($85) by Friday, June 4
Contact Adrienne Blanton for questions, 356-1750

Swimmer Information:

Full Name_____
First Middle Last

Birthdate_____ Age on 6/1/10_____ Gender _____

Home Address_____
Street City, State , Zip

Parent Information:

Mother:_____ Home Phone:_____ Work/Cell Phone_____

Father:_____ Home Phone:_____ Work/Cell Phone_____

Email Address:_____

Emergency Treatment Authorization:
I authorize any representative of Falling Creek Farms Recreation Association or Swim Team to present my child listed above for emergency medical treatment by a physician, surgeon, or hospital listed by the Commonwealth of Virginia.

Signature of Parent/Guardian:_____Date:_____

Name of Child's Physician:_____ Phone Number:_____

Parent Responsibilities:

- Support encourage hard work at practice and meets
- Support and assist with attendance at all practices and meets
- Volunteer at every swim meet
- Notify coach if swimmer cannot attend a meet
- Notify coach of any medical or safety concerns regarding your child

Consent to Play
I agree to indemnify and hold harmless the Chesterfield Aquatic League, Falling Creek Farms Recreation Association, its Swim Team Directors, Agents, and coaches against all injuries of said swimmer(s) participating in this swim program. I also agree to comply with parent responsibilities listed above.

Parent/Guardian Signature_____Date:_____