

OVSC Team Registration Form 2008

Swim Team (age as of 6/15/08 determines swim age)

\$75/child (7 and Up) **if paid by 5/19/08***

\$50 Speedy Sixers ***if paid by 6/19/08 (first workout date)**

*Swimmers must be able to swim 1 length of the OV pool to qualify.

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Tennis Team *\$60/child **if paid by 5/19/08***

**T-shirt fee is included in the registration fee and therefore we must get them ordered early to get them on time for matches.

Name: _____ Birth Date: _____

**Shirt Size: YS YM YL S M L XL

Name: _____ Birth Date: _____

**Shirt Size: YS YM YL S M L XL

Name: _____ Birth Date: _____

**Shirt Size: YS YM YL S M L XL

Dive Team \$50/child* **if paid by 6/23/08***

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Synchro Team \$55/child* **if paid by 6/23/08***

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Water Polo Team* \$50/child **if paid by 6/23/98***

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

*A \$10 late fee will be charged per child/per team for fees paid after the date indicated for each sport. See the OVSC website www.olympicview.net for more details.

Please complete the parent information and consent form on back page!!!

Team Parent Meetings Saturday, May 17th:

5:00 PM Dive, Synchro, Tennis, Water Polo

6:00 PM Swim

All Team Swim Suit Fitting: 4-7 PM

(See newsletter for pricing. Prices do not include 9% sales tax.)

Parent Information and Consent must be completed

Parent Names: _____

Cell/Wk: _____ Cell/Wk: _____

Home Phone: _____

Home Address: _____

Email Address(es) _____

I hereby consent for participation of my child/children on the OVSC Swim and/or Dive and/or Synchro and/or Water Polo and/or Tennis Team(s). I understand this/these activities involve an element of risk of bodily injury, including but not limited to activities occurring in a pool, on a pool, on a pool deck, on a starting block, and/or while diving into a pool or on a tennis court. We will assume all risks associated with any incidentals as a result of participating on a swim/dive/synchro/water polo/tennis team(s). My child/children have no special medical conditions, except those described on the SSSL participation form that we have signed, and is fit to participate on the swim/dive/synchro/water polo/tennis team(s).

I understand that SSSL Board has requested that adults refrain from consuming alcoholic beverages while attending any SSSL swim events, particularly those adults who will be acting as volunteers during the event.

I have read this release.

Parent/Guardian _____

Date _____