

LOUISA GATORS SWIM TEAM REGISTRATION 2016

Parent/Guardian Name _____

Cell Phone _____

Parent/Guardian Name _____

Cell Phone _____

Mailing Address _____

Email _____

Home Phone _____

Swimmer Name	Date of Birth	Age as of 6/1/15	T Shirt Size	Circle One
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep
			YS YM YL AS AM AL AXL	Team Prep

Total Amount Due: _____

Adult volunteerism is **MANDATORY** for the Louisa Gators Swim Team with both Fundraising and at ALL Swim Meets (usually held on Wednesday evenings). Each family must provide at least one adult to help with each swim meet. Training will be provided, sign-up sheets will be available for all meet workers and fundraising events. I understand that in the event I do not wish to participate in Fundraising activities I will need to pay an extra fee per swimmer.

Registration Fees should be paid to: Parents of Gator Association (POGA)

The Parents of Gator Association and Louisa County Department of Parks, Recreation & Tourism do not provide medical coverage or insurance for individual participants. The parents must provide all medical insurance protection. In the event of an emergency, I hereby give my consent for the Coaching Staff of the Louisa Gators Swim Team to arrange for medical treatment or Emergency Room treatment by a physician on staff. I understand that pictures/videos may be taken of my child and hereby give permission for those pictures to be used for publicity in written material, bulletin boards and websites. I also hereby give my consent and approval for my son/daughter to participate in this activity sponsored by the Parents of the Gators and Louisa County Department of Parks, Recreation & Tourism. I will not hold Personnel, Coaches or Volunteers responsible in case of accident or injury as a result of my child(ren)'s participation in this program. I understand the risks involved with this activity and know that my child(ren) is/are physically able to participate in this program.

Parent/Guardian Signature _____

Date _____

POGA Only: Registration Fees Returning Gators - \$150 Team \$75 Prep (if registered & paid prior to November 1, 2015)
 Payment #1 Amount Paid _____ Cash/Check _____ Receipt # _____ Initials _____

Contact Info: POGA, P O Box 1373, Louisa, VA 23093 louisagators.org Facebook page Louisa Gators Swim Team
 Coach Debra Bickley 540 760-1464 coachdebrab@yahoo.com