***OakLeaf Orcas Swim Team* 2011 Fall Registration Form**

 *(Please complete a separate Registration Form for each participating child.)*

Swimmer's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Age as of September 1, 2011: \_\_\_\_\_\_ (ages 5 and older eligible\*) Male \_\_\_\_ or Female \_\_\_\_\_

(\* Must be able to swim length of pool unassisted.)

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*At least one (1) parent needs to serve as a volunteer-worker for the swim meets.)*

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please:*

1. *Sign “Acknowledgement of Risks”& “Medical Treatment Consent” statements (below).*

2. *Complete each swimmer’s “Participant Order Form” (see reverse side).*

3. *Please* p*ay for all children with one check (and list names of all children on check), payable to* ***Baker’s Sporting Goods*** *for the team swim suits, and make a separate payment the same way with the other remaining fees, payable to* ***“AAS”*** *(Amenity Aquatics Staffing, Inc.; see reverse side for Order/payment Form). \*\*Returning swimmers from the summer team will not need to purchase a new suit.*

# **ACKNOWLEDGMENT OF RISKS AND HAZARDS:**

"I understand that participation in activities such as **competitive swimming** may involve the RISKS of SERIOUS INJURY OR DEATH. I also understand that by permitting my child or ward to participate on the OakLeaf Plantation Orcas Swim Team, he or she is subject to the above risks, and that I am fully responsible for any costs incurred as a result of illness and/or injury from such participation."

**Parent/Guardian Medical Treatment Consent:**

To: Whatever Medical Authority or Responsible Party It May Concern

"In the event that you are unable, after reasonable effort, to obtain parental consent, then please perform any and all medical treatment requested or needed by my child or children named above. Such treatment should result from the exercise of your best professional judgment under the circumstances.

 I hereby consent in advance to such treatment and agree to hold *Amenity Aquatics Staffing, Inc.*, the Community Development Districts, and their staff harmless for any action or claim based upon lack of parental consent that may arise in connection with such treatment. I also authorize such staff to select a medical doctor and/or hospital for the purpose of diagnosis and/or treatment of the above-named minor(s). I have listed below all known precautions (such as diabetes, asthma, heart condition, allergies, etc.) as well as any other relevant medical information for my child or children."

Precautions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Type: \_\_\_\_\_\_\_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_\_\_\_ Chronic Illnesses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Order Form** Swimmer's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Returning swimmers from the summer team will not need to purchase a suit:** (from *Baker’s Sporting Goods*; call Brian w/ questions - 904-726-0996.)

 **Unit Cost Qty. Total**

* ***Orcas* Team Swim Suit**

 Female: TYR Size \_\_\_\_ $40.00 x \_\_\_\_\_\_ = $\_\_\_\_\_\_\_

 **Or** Male: TYR Size \_\_\_\_ $28.00 x \_\_\_\_\_\_ = $\_\_\_\_\_\_\_

**Payment** (All Items INCLUDE Sales Tax and are Non-Refundable)**:**  **Check** **#** \_\_\_\_\_\_\_\_

**Payable to: *Baker’s Sporting Goods* Or Credit Card** (Visa, MC, or Discover):

**#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sec. Code: \_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No-Charge Items** (Included with Team Registration Fee)**:**

* ***Orcas*  Swim Cap**

**Optional Fees:** Therewill be a $5 or $10 meet fee per swimmerfor each meet that they attend. The fee will be determined by the team running the meet, and paid when events are entered.

**Registration Fees (**All Prices INCLUDE Sales Tax \*\* All Items are Non-Refundable)

$\_\_\_\_ **Team Regis. Fee** (= $45.00/first child; $40.00/second child and all subsequent children per month)

*(Example: Family with four (3) participating children: $45.00 for first child; + $40.00 for second child; + $40.00 for third child)* **Fees are on a per month basis.**

 N/C *Orcas* Team Bathing Cap: (included)

= **$\_\_\_\_\_\_\_ Total Fee per child (**excluding Team Swim Suit from *Baker’s* – see above)

**Payment:** **Check** **#**\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_ **Payable to: “AAS” (*Amenity Aquatics Staffing, Inc.)***