

Last Name _____

Old Dominion Swim League

www.ODSL.net

2008 Old Dominion Swim League Team Registration

(USE ONE FORM PER FAMILY)

Child's Last Name: _____

Address _____

Child 1: 1stName _____ DOB _____ Age(as of 6/15/08) _____

Child 2: 1stName _____ DOB _____ Age(as of 6/15/08) _____

Child 3: 1stName _____ DOB _____ Age(as of 6/15/08) _____

Child 4: 1stName _____ DOB _____ Age(as of 6/15/08) _____

Are your children USS Swimmers? _____ Yes _____ No _____

Parents First & Last Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-Mail _____

Emergency contact and telephone number (other than parent):

Name: _____ Phone _____

Liability Waiver (must be signed):

As the parent/legal guardian of _____ I hereby grant permission for this minor to participate in all activities of this program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby release and waive all claims against Old Dominion Swim League, host pools, volunteers, and other participants. I further grant permission for emergency first aid to be given to this minor in case of injury. Furthermore, if deemed necessary, I grant permission for this minor to be taken to the Emergency Room of a nearby hospital. Its medical staff has my authorization to provide treatment which a physician deems necessary for the well being of this minor.

Parent/Legal Guardian Signature

Name of Physician & Phone Number

Insurance Company _____ ID or Policy No. _____

List any medications child is taking:

Name _____ / Medication _____

Name _____ / Medication _____

Name _____ / Medication _____

List Allergies, physical difficulties (Bee stings, medicines, foods)

Name _____ / Allergy _____

Name _____ / Allergy _____

Name _____ / Allergy _____