

VVBC Summer REGISTRATION FORM

CHILDS NAME _____

Male/Female _____ AGE _____ DATE OF BIRTH _____

MEDICAL PROBLEMS _____

PARENTS OR LEGAL GUARDIAN NAME _____

ADDRESS _____

PHONE # _____ E-MAIL _____

EMERGENCY # _____

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER _____ FAMILY PHYSICIAN: _____

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I here by certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities that would restrict full participation in these activities except as listed above.

THE VALLEY VIEW SCHOOL DISTRICT, SCHOOL DIRECTORS, FACULTY, EMPLOYEES, VALLEY VIEW BARRA COUGARS OFFICERS AND COACHES, ASSUME NO RESPONSIBILITY FOR ANY INJURIES, NEGLIGENCE, ACCIDENTS OR LOST OR STOLEN PROPERTY ON SCHOOL GROUNDS. BY SIGNING THIS REGISTRATION FORM, YOU AGREE TO THESE TERMS. *THERE ARE NO REFUNDS.*

PARENT OR LEGAL GUARDIAN

DATE

Please make Checks Payable to VVBC and indicate session desired:

- _____ Full Summer: June 9 to August 2, - \$110.00
- _____ Session 1: June 9 to July 5 - \$60.00
- _____ Session 2: July 7 to August 2 - \$60.00
- _____ Swimmer's Choice: Any 10 practices - \$50.00

T-SHIRT SIZE _____

FOR OFFICERS ONLY

\$ _____ Amount received at registration _____ Ck Number or Cash _____ Initials

Free T-Shirt _____