

**PLEASANTON VALLEY CLUB (PVC) SWIM TEAM**

**PVC Member**

**2009Registration Form**

All portions of this form must be completed and the amount paid in full to be registered on PVC Swim Team

**PLEASE PRINT LEGIBLY!!**

**Swimmer Information**

**Last Name(s)** \_\_\_\_\_ **First Name(s)** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age (as of 06/01/09)** \_\_\_\_\_

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

4.) \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Parent Information**

**Father's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Father's Work #:** \_\_\_\_\_ **Pager/Cell #:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Mother's Work #:** \_\_\_\_\_ **Pager/Cell #:** \_\_\_\_\_

**Emergency Contact Information: (person to contact in an emergency)**

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Insurance & Medical Information**

**Insurance Company:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_

**Insurance Phone #:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Physician's Phone#:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Dentist's Phone#:** \_\_\_\_\_

**Medical Conditions:** Please list any and all conditions, illnesses or information, which the coach should be aware. (If none, please write "None".) \_\_\_\_\_

**Parental Authorization for Participation and Release**

I, the undersigned parent or guardian of the above-referenced child(ren) hereby give my authorization and approval for his/her/their participation in any and all activities of the PVC Swim Team. I hereby absolve and release Pleasanton Valley Club (PVC), and all persons associated with the Club, of any responsibility or liability for any accident or injury of my child(ren), as a result of his/her/their participation in said activities, including, but not limited to transportation to or from PVC Swim Team Activities.

**Please Initial Here:** \_\_\_\_\_

### Photo Release

I, the undersigned parent or guardian of the above referenced child(ren) authorize photos to be taken of my family and children during swim team and or club events.

Please Initial Here: \_\_\_\_\_

### Code of Conduct

I, the undersigned parent or guardian of the above referenced child(ren) agree to ensure that his/her participation in any and all practices and events will be appropriate, respectful and will also demonstrate good sportsmanlike conduct. I understand that if my child(ren) or any family member displays unacceptable behavior while participating on the swim team that disciplinary action will be taken.

Please Initial Here: \_\_\_\_\_

### Authorization for Emergency Medical Treatment

In the event of an illness or injury to my child(ren) in the course of PVC Swim Team activities, I, the undersigned parent, hereby authorize officials of PVC to administer first aid and, if necessary, to transport my child(ren) to a duly licensed physician, dentist or hospital to administer emergency treatment. If possible, I would prefer the above-referenced physician and/or dentist to be called.

Please Initial Here: \_\_\_\_\_

### PVC Policy Notification

For an individual swimmer to participate on the PVC swim team they must be able to successfully swim safely from the shallow end of the pool to the deep end of the pool without assistance of an instructor or a parent by May 1, 2009.

Please initial Here: \_\_\_\_\_

### Enrollment Fees

Choose 1 and add amount in Swimmer fee space.

- 1 Swimmer - \$150
- 2 Swimmers - \$225
- 3 Swimmers - \$300
- 4 Swimmers - \$400

Total ALL below and pay total due at time of registration.

Swimmer Fee \_\_\_\_\_

Total due \_\_\_\_\_

### Payment Information

- Swim team enrollment fees can be made by check (payable to 'PVC') or debit/credit card via PayPal on the PVC website (pvclub.com). If payment will be made using PayPal, the payment must be processed before registration form is received or swimmer(s) will not be registered.
- No Child will be registered in their age group until form and payment have been received. Mail completed form and check or PayPal receipt to: Sheila Melo, 2368 Sandpiper Way, Pleasanton, CA 94566 925/485-1765
- Please note: Refund requests will be processed through May 22, 2009, minus a \$25 processing fee. No refunds will be given after May 22, 2009. All refunds will be made by PVC check only. Refunds will be sent within 30 days of written notice.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_