

2010 WOOD VALLEY YOUTH SPORTS PROGRAM

Please complete one form per family.

Complete each TEAM section your child(ren) are registering for, and then complete the PAYMENT section.



Wood Valley Otters **SWIM TEAM** Registration

Please complete this section if joining the Swim Team.

Parent's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____ (for team communications)

Swimmer's Name(s)	Age (as of June 1)	Date of Birth	Gender	2010 HS Grad? (Y/N)	New to the team this year? (Y/N)	Attends YR school?(Y/N and Track)
1.						
2.						
3.						
4.						

Emergency contact (Name / Phone#): _____



Wood Valley Otters **DIVE TEAM** Registration

Please complete this section if joining the Dive Team.

Parent's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____ (for team communications)

Diver's Name(s):	Age (as of June 1)	Date of Birth	Gender	2010 HS Grad? (Y/N)	New to the team this year? (Y/N)	Attends YR school?(Y/N and Track)
1.						
2.						
3.						
4.						

Emergency contact (Name / Phone#): _____



Wood Valley Otters **TENNIS TEAM** Registration

Please complete this section if joining the Tennis Team.

Parent's Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____ (for team communications)

Players Name(s):	Age	Level last season:	2010 HS Grad? (Y/N)	New to the team this year? (Y/N)	Attends YR school?(Y/N and Track)
		- Copper (No Experience) - Bronze (Beginner) - Silver (Intermediate) - Gold (Advanced)			
1.					
2.					
3.					
4.					

Emergency contact (Name / Phone#): _____

Wood Valley Youth Sports Payment Form

Please complete this section

Parent's Name: _____ Phone: _____

Address: _____

Participant's Name(s)	Circle all that apply:		
1. _____	Swim	Dive	Tennis
2. _____	Swim	Dive	Tennis
3. _____	Swim	Dive	Tennis
4. _____	Swim	Dive	Tennis

Registration Fee: **\$30** x _____ (Number of participants) = \$ _____

Swim Team Fee: **\$60** x _____ (Number of swimmers) = \$ _____

Dive Team Fee: **\$60** x _____ (Number of divers) = \$ _____

Tennis Team Fee: **\$60** x _____ (Number of players) = \$ _____

TOTAL = \$ _____

* Make checks payable to **Wood Valley Swim & Racquet Club** Check No. _____

Credit Card (circle): VISA MC Signature: _____

Card Number: _____ Exp: _____ Name on Card: _____

- Please attach payment and turn in entire form at the Pool Check-in Counter or mail form and payment to Lori Campoli, 10620 Soma Ct., Raleigh, NC 27613

Wood Valley Swim & Racquet Club Youth Sports Health Form

Child's Name: _____ Nickname: _____

Address: _____

Date of Birth: _____ Phone: (h) _____ (w) _____ (c) _____

Parent(s): _____

Physician: _____ Physician Phone: _____

Part I. Health History (Please check any that apply)

Asthma Seizure Disorder Hay Fever Fainting
 Sinusitis Diabetes Bronchitis Heart Murmur
 Loss of Consciousness (explain) _____

List any chronic or recurring illnesses: _____

List any medications that your child is currently taking for any condition/disease: _____

List any other health condition that we should be aware of: _____

List all items that your child has an allergic reaction to (medications, food, bee stings, Etc.) _____

Part II. Parent Permission

My daughter/son, _____, has my permission to participate in any and all WV Youth Sports events. During the event, I may normally be reached at Phone _____ . If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Phone: _____

Address: _____

Part III . Emergency Authorization

I hereby give permission to the medical personnel selected by the WV Youth Sports personnel in charge to perform and/or administer any necessary medical treatment on/to my child in the event of an emergency and I cannot be reached.

Parent's Signature: _____ Date: ___/___/___