

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. | | | | | |

* reduced rate may be available, pls contact Lori Campoli, lcampoli@nc.rr.com

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: ____/____/____