

2011 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)
 Emergency contact (Name / Phone#): _____

Swimmer's Name(s)	Age (as of June 1)	Date of Birth	Gender	2011 HS Grad? (Y/N)	New to the team this year? (Y/N)	Attends YR school?(Y/N and Track)
1.						
2.						
3.						
4.						

Volunteer Positions – I have signed up for 3 positions. (or a One and Done) Y ____ N ____
 1 - Date ____ Position ____ 2 – Date ____ Position ____ 3 – Date ____ Position ____
 (If you have not signed up, you will be assigned to open positions.)



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	2011 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: - Copper (No Experience) - Bronze (Beginner) - Silver (Intermediate)	2011 HS Grad? (Y/N)	New to the team this year? (Y/N)	Attends YR school?(Y/N and Track) *
1.					
2.					
3.					
4.					

* reduced rate for players who can only attend afternoon practices (Wed-Fri)

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) = \$ _____

OR with swim team **\$30 x** _____ (Number of divers) = \$ _____

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

OR afternoon only **\$30 x** _____ (Number of players) = \$ _____

TOTAL = \$ _____

- Make checks payable to **Wood Valley Swim & Racquet Club**
- **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** (If mailing, checks only are accepted. CC payments must be made at the pool.)

Photo Release: The swim, dive and tennis teams hold an end of season banquet where a video/slide show that includes the swim, dive and tennis participants, parents, and WV coaches is shown. Every reasonable effort is made to take respectable and appropriate photographs for inclusion in the slide show. The video is made available for purchase at a nominal fee. By signing below, you consent to including images of you or your children in the video/slide show.

Signed _____ Date: _____

**Wood Valley Swim & Racquet Club Youth Sports
Health Form (one form per child)**

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: ____/____/____