



## 2017 -2018 Hiddenbrook Swim Team Winter Swim Registration Form

### SWIMMERS:

<u>Name</u>	<u>Date of Birth</u> (mm/dd/yyyy)	<u>Gender (M/F)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### PARENT INFORMATION:

Primary Email address: \_\_\_\_\_

Other Email addresses: \_\_\_\_\_

(All addresses listed here will receive team emails. Please note that most of our communication with Swim Team families is by email, so please make sure you check your email often, preferably on a daily basis. )

**Mother's Name (first last):** \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Father's Name (first last):** \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Hiddenbrook Swim & Tennis Club Membership#: \_\_\_\_\_

Emergency Contact & Phone # (Other than parents): \_\_\_\_\_

### MEDICAL/DENTAL INFORMATION:

Doctor's & Dentist's names and telephone #'s for each swimmer listed above:

\_\_\_\_\_

\_\_\_\_\_

(COMPLETE REVERSE SIDE)

Please list any pertinent information that would be necessary if medical/dental treatment is required, including any illnesses, allergies, medications, etc. (Please list course of action to take for extreme allergies, attaching a separate sheet of paper to this form, if necessary.):

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Please list any other information you think that the Winter Swim Coach should know about the swimmer(s):

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**PARENT CONSENT/RELEASE AND WAIVER OF LIABILITY/EMERGENCY MEDICAL & DENTAL TREATMENT AUTHORIZATION:**

As the parent/legal guardian of the swimmer(s) listed on the reverse side (“swimmer(s)”), I grant permission for the swimmer(s) to participate in all Hiddenbrook Hurricanes Swim Team Winter Swim activities. I agree and understand that swimming is a hazardous activity with many inherent risks. I, on behalf of myself and the swimmer(s), assume all risks and hazards incidental to the swimmer’s(s’) participation in the Hiddenbrook Hurricanes Swim Team Winter Swim activities and also do hereby release and waive all claims against the Hiddenbrook Hurricanes Swim Team, Hiddenbrook Swim and Tennis Club, Hiddenbrook Homes Association, Northern Virginia Swim League, Town of Herndon, and the Herndon Community Center, and their respective coaches, team representatives, officers, volunteers, employees, agents, and fellow Winter Swim participants, for any liability or injury resulting from the swimmer’s(s’) participation in the Hiddenbrook Hurricanes Swim Team Winter Swim program and activities. I, on behalf of myself and the swimmer(s), also agree to hold harmless and indemnify the entities, clubs, and persons named in this paragraph from all damages incurred arising from any claims related to the swimmer’s(s’) participation in the Hiddenbrook Hurricanes Swim Team Winter Swim activities.

I further grant permission for the swimmer(s) to receive any and all emergency medical and/or dental attention and treatment deemed necessary in the event of an accident, injury, sickness, etc., at the request of the Hiddenbrook Hurricanes Swim Team Winter Swim representative presenting this Emergency Medical & Dental Treatment Authorization, until such time as I may be contacted. I hereby assume responsibility for payment of such medical and/or dental attention and treatment.

I have read carefully and understand the significance of the foregoing and acknowledge on behalf of myself and the swimmer(s), my consent to and agreement with the terms of this Release and Waiver, and Emergency Medical & Dental Treatment Authorization, by signing below:

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**PARENT’S PRINTED NAME**

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**PARENT’S SIGNATURE**

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**DATE**

As required by the Northern Virginia Swim League (NVSL) for insurance purposes, this form *must* be completed before your child can participate in the Hiddenbrook Hurricanes Swim Team Winter Swim program. Fees are due with the registration form. **Fees: \$225 for each swimmer.** Checks should be made payable to **Hiddenbrook Swim Team.** Applications and checks can be mailed or dropped off at the following locations:

Marcel van Vierssen  
12531 Rock Ridge Rd  
Herndon, VA 20170

Questions? Contact: Marcel van Vierssen 703-404-0011

hiddenbrookswimteam@gmail.com