

# Woodland Pond Winter Swim

Spend time with friends, get some exercise, and be instructed by our new summer coach  
-Heather Harwood!



**When:** Sundays, January 10<sup>th</sup> – April 25<sup>th</sup> (except Feb. 7<sup>th</sup>- Super Bowl and April 4<sup>th</sup>- Easter)

**Where:** Chester Family YMCA

**Who:** Children ages 4-18 (must be able to swim 1 length of pool.) Open to WPSRC members and non-members.

**Time and Fee:** 5:30- 6:00 PM for ages 8 & younger- *\$50 for WPSRC members*  
*\$75 for non-members*

6:00-7:00 PM for ages 9 & older-*\$75 for WPSRC members*  
*\$100 for non-members*

**\*\*\* Swimmers that will be 9 years old before June 1, 2010, should come to the practice for 9 & older. \*\*\***

Mail registration form and check payable to Woodland Pond Swim Team before January 5<sup>th</sup> (no late registrations can be accepted):

Carrie Butler  
8207 Gates Bluff Place  
Chesterfield, VA 23832

Please call Carrie at 751-0906 or email, [xx4me99@aol.com](mailto:xx4me99@aol.com) with any questions.

**WOODLAND POND SWIM TEAM REGISTRATION FORM  
WINTER SWIM 2010**

**PARENT/GUARDIAN: Please complete all the following information, and BOTH signature lines. PLEASE PRINT.**

**SWIMMER'S NAME**

FIRST	LAST	BIRTH DATE	M/F	AGE
_____	_____	_____	___	___
_____	_____	_____	___	___
_____	_____	_____	___	___
_____	_____	_____	___	___
_____	_____	_____	___	___

**ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Secondary E-mail** \_\_\_\_\_

**\*PLEASE PROVIDE AT LEAST ONE EMAIL AS THAT WILL BE A PRIMARY METHOD OF COMMUNICATION\***

**TOTAL: \$** \_\_\_\_\_

**Emergency Contact** (for use during practice if parent/guardian is not available)

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION:**

I authorize any representative of Woodland Pond Swim Team to represent my child listed above for Emergency Medical Treatment by a physician, surgeon, or hospital licensed by the Commonwealth of Virginia.

Signature of Parents/Guardians: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\_\_\_\_\_ Date: \_\_/\_\_/\_\_

Name of Swimmer's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**CONSENT TO PLAY:** We hereby agree to indemnify and hold harmless Woodland Pond Swim and Racquet Club, its Swim Team, Directors, Agents, and Coaches against all injuries of said swimmer(s) participation in this swim program. We further signify that we read and agree to abide by and accept the Terms and Conditions listed below. Failure of Parent/Guardian to sign or complete this form in its entirety shall absolve Woodland Pond Swim and Racquet Club and its Swim Team, Directors, Agents, and Coaches of any and all responsibility herein.

Signature of Parents/Guardians: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\_\_\_\_\_ Date: \_\_/\_\_/\_\_

**TERMS AND CONDITIONS:**

There will be no refunds after the start of Winter Swim.

I certify that my child/children listed above is/are in good health and capable of safe participation in the Woodland Pond Winter Swim program.

If the Emergency Medical Treatment Authorization is not signed by the parent/guardian listed on this form, the parent/guardian must be present at every practice session; otherwise, the swimmer cannot participate.

The Registration Form will not be accepted if the Consent to Play section is not signed by the parent/guardian.

Any concerns should be brought to the attention of a Swim Team Board Member as soon as possible.