

2007 PINEBROOKWOOD ORCA SWIM TEAM  
REGISTRATION FORM

To register, mail or deliver this completed Registration Form, Waiver of Liability, Medical Release Form, Parent Volunteer Contract and registration fee to:

Mail:  
PineBrookWood Orca Registration  
2437 Bay Area Blvd. #137  
Houston, TX 77058

Deliver:  
Connie Musler  
4711 Jade Green Ct.  
Houston, TX 77059

For questions:  
EMAIL: [registration@pinebrookwoodorcas.org](mailto:registration@pinebrookwoodorcas.org)  
Phone: 281-286-4608

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Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ (cell or work)  
 Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ (cell or work)  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Subdivision \_\_\_\_\_  
 EMAIL \_\_\_\_\_

Please enter **each swimmer(s)** information below:

First Name	Last Name	Birthday	Female	Male	T-Shirt Size *

\* T-shirt sizes available: YS, YM, YL, Adult Sm, Adult Med, Adult Large, Adult XL, XXL, XXL

For parents or siblings additional team T-shirts are available for \$10 each.

**Additional** team T-shirts:

Size	Quantity

**T-shirt Total** \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

Registration Fees:      First Swimmer      (non USS)      \$100.00      \_\_\_\_\_  
                                  Second Swimmer      (non USS)      \$80.00      \_\_\_\_\_  
                                  Third Swimmer      (non USS)      \$40.00      \_\_\_\_\_  
                                  USS Swimmer (15-18 yrs old)      \$30.00 each      \_\_\_\_\_  
                                  **Family Maximum**      \$220.00      \_\_\_\_\_

**Registration Total** \_\_\_\_\_

**Friends and Family Sponsor Donation:**      \$25.00+      \_\_\_\_\_

**GRAND TOTAL (Registration, T-shirts and Family Sponsor Donation)** \_\_\_\_\_

*Make checks payable to PineBrookWood Orcas*

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- I certify that my child(ren) is/are physically fit to participate in all activities of the organization.
  - Parents and swimmers agree to be governed by the rules of PineBrookWood Orcas.

\_\_\_\_\_  
Parent's Signature      Date

## WAIVER OF LIABILITY

- Having been informed of the intention of PineBrookWood Orcas to provide supervised meets and practice sessions, I, the parent or legal guardian of the above named applicant(s), do hereby give my approval for my child's participation in any and all of its activities during the period to which this application pertains. I assume all the risks and hazards incidental to the conduct of these activities; and hold harmless the organization, organizers, supervisors and sponsors of PineBrookWood Orcas.
  - On behalf of my child(ren) and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member or observer during practice or play by other teams or by other swimmers on my child's team, and (c) while on or upon the premises of any and all of the pools arranged for by my team or league for practice or play.
  - In addition to giving my full consent for my child's participation, I do hereby waive, release, discharge and agree not to sue the PineBrookWood Orcas, the owner or operator of any pool utilized by the team, officers, agents, servants, associations, employees, or any person or entity connected with the team for any claim, damages, costs including attorneys fees, or cause of action which I or my child(ren) have or may have in the future as a result of damages, injuries, including death, sustained or incurred by my child(ren) from whatever cause.
  - I hereby certify that my child(ren) is(are) fully capable of participating in the designated sport and that my child(ren) is(are) healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as made known to coaches and officials of the team and league.
  - I further agree on behalf of myself and my child(ren) listed above, that I shall hold harmless and fully indemnify the parties hereby release from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child(ren), even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.
- Check if you DO NOT want your child(ren) photos to appear on the PineBrookWood Orca website.

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Parent's Signature

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Date

# MEDICAL RELEASE FORM

As the parent or guardian of the minor child(ren) listed below, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors or Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the minor child(ren) listed on this form. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the minor child.

Child's Name	Birth Date	Last Tetanus Booster	Known allergies, allergies to medicine or other medical problems:	Insurance Policy Number (if each child has a unique ID)
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Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Family Policy #: \_\_\_\_\_

Insurance Member Services Phone #: \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Person responsible for charges (if different from above): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

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## Emergency Contact Information

Person to notify if parent/guardian is unavailable: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_