

2011 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:

Lynn Guenther
3819 Partridgeberry Ct
Houston, TX 77059

For questions:

EMAIL: registration@pinebrookwoodorcas.org
Phone: 281-467-8982

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Father's Name _____ Work # _____ Cell # _____
 Mother's Name _____ Work # _____ Cell # _____
 Address _____ Zip Code _____

Home Phone _____ Subdivision _____
 EMAIL _____

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

First Name	Last Name	Birthday	Female/Male	T-Shirt Size * (YS,YM,YL, AS,AM,AL AXL,AXXL)

* 100% cotton shirts, **No size exchanges**. Late Registration does not guarantee shirts.

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

Enter additional T-shirt Quantity:

YS:_____ YM:_____ YL:_____ AS:_____ AM:_____ AL:_____ AXL:_____ AXXL:_____

Additional T-shirt Total _____ x \$10.00 = _____
Swim Cap _____ x \$10.00 = _____

Registration Fees:

First Swimmer	\$120.00	_____
Second Swimmer	\$90.00	_____
Third Swimmer	\$55.00	_____
Swimmer age 15 & up	\$30.00 each	_____
Family Maximum	\$260.00	_____

Registration Total _____

Friends and Family Sponsor Donation (tax deductible): starting at, \$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.

Parent's Signature

Date

MEDICAL RELEASE FORM

Last name _____

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:
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	

Family Physician: _____ Phone #: _____

Insurance carrier: _____

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: _____



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: _____

PARENT VOLUNTEER CONTRACT

The Orca Swim Team is a volunteer organization. To successfully run each swim meet, over 130 parent volunteers are required. **Each family should expect to work a shift (half a swim meet) during every pre- and regular season meet, or 6 shifts throughout the season.** Families with multiple children on the swim team may be needed for occasional additional shifts. If your family will miss a swim meet, you may be asked to work more than one shift at another meet, especially for home meets that require larger numbers of volunteers.

Volunteer positions will be assigned by the Volunteer Coordinator, Melanie Saunders
(volunteers@pinebrookwoodorcas.org or 713-416-4471)

I/We, (please print names) _____, as parents of

(please print) acknowledging that the ORCA Swim Team is an organization relying heavily on volunteers, agree to work my/our assigned shifts or personally make arrangements for another adult to work them.

SIGNATURE: _____ DATE _____

SIGNATURE: _____ DATE _____

Email: _____

Contact Phone: _____ (prefer cell number)

Please circle below your preferred areas to work during our swim meets. *Note that although all attempts will be made to grant your preferences, you may be asked to work other areas as needed to fill openings:*

Starter / Referee	Tent Area	Timer
Stroke and Turn Judge	Ready Area	Ribbons
First Aid / EMS	Scoring Area	Hot Concession Cook
Set-Up / Traffic (6 AM to 8 AM)	Runner	Concession Sales
Take Down (after meet)	Water Runner	
Garbage / bathroom upkeep		

Shaded tasks require training / certification

Meets Not Available to work any shifts: (Please ~~cross-out~~ all that apply)

Date	Practice May 21	June 4	June 11	June 18	June 25	July 2
Host		Baytown	PBW	PBW	Brooks	PBW
Visitor		PBW	Clear Lake Forest	Friendswood	PBW	Pineloch

Memorial Day is May 30. There is no swim meet that weekend.

Please list special circumstances for *each swim meet* requiring specific work considerations (e.g., 5/21: can only work until noon due to 1 PM baseball game). Use back for more space.

THIS FORM MUST BE SIGNED AND RETURNED WITH REGISTRATION